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The Editor does not hold himself responsible for the opinions of contributors

Editorial

The exchange of ideas between America and Great Britain has always been unrestricted and stimulating—and the fields of medicine and social services have been particularly fruitful.

Our readers will therefore take especial interest in the comprehensive survey on the work of the National Mental Health Foundation by Dr. Pratt, the Foundation's staff psychiatrist. His revelations of the backwardness of certain mental hospitals will come as a surprise to those who tend to look on America in general and New York in particular, as the acme of progress: but there can be no excuse for anyone to overlook the rate at which conditions in America are now changing. Even if the methods outlined to rouse the public conscience are perhaps not directly applicable in this country, the energy, breadth, and enthusiasm of the work must command our respect and deserve our emulation. As many besides the poet have lamented, opportunities to see ourselves as others see us, are given us all too rarely, and probably they are taken more rarely still. Dr. Pratt's comments on the standards of mental care in Britain are therefore of particular interest—though we fear politeness has perhaps dulled his critical sense.

Dr. Pratt's views are naturally views from the inside. As an interesting comparison, we publish also a report of an outsider's view of American

social work. The authors, Miss Sambrook and Miss Wollen were recently on a visit to the States and have written a vivid account of their impressions. "The first thing that struck them was the 'psychiatric invasion' of all fields." Some of the advantages and disadvantages which have resulted from this will interest those responsible for planning mental health services in this country; in particular, the comment that psychiatrists do not appear to know what responsibility to delegate and how to use the services of the psychiatric social worker. Whether this defect occurs in this country and if so, how much it is due to faults in the administration and how much to inadequate training are questions on which we invite our readers' views.

Many may also have visited America themselves and have contributions of their own to make on their impressions, and in particular as to how best the two countries can benefit from each other's development.

Note.—We publish in this number the second of a series of articles on special problems—that of the misfit at home and work, by Dr. Skottowe. We regret that we have had to postpone the first of the articles on services of value to the social worker until our next number.

Mental Hospitals and the Mental Hygiene Movement in the United States

By DALLAS PRATT, M.D.

Staff Psychiatrist, National Mental Health Foundation

1. The National Committee for Mental Hygiene: Origins and Achievements

The mental hygiene movement in America was launched with the founding of the National Committee for Mental Hygiene in the first decade of the present century. The founder was Clifford Beers, a man whose knowledge of mental illness and its attendant problems came entirely out of his own experience as a patient in mental hospitals. The National Committee was designed to spearhead the reform of these institutions. The mixture of brutality and neglect which passed for "care" of the mentally ill at that time is unforgettably delineated in Beers's autobiography: *A Mind that Found Itself*. Much was accomplished in the raising of standards in mental hospitals, and the

National Committee turned gradually away from the problems of institutional care, to concentrate more particularly on preventive psychiatry. Important research projects in schizophrenia and psychosomatic medicine have been sponsored. Even more significant has been the impetus which the Committee has given to the establishment of child guidance clinics throughout the United States.

Although founded by a layman, the National Committee's affairs are largely guided by psychiatrists, and up to very recently it has attacked the problem of mental health chiefly through professional channels. For instance, a very competent survey of the condition of State Hospitals in 1937-9, was made available in print for professional readers. The findings did not disguise the fact

that serious deficiencies still existed. However, funds were apparently not available to the National Committee to undertake a comprehensive programme of public education and reform, and with the war the attention of the organization was absorbed by the needs of the armed forces and of psychiatric veterans. Two of its major activities were the promotion of psychiatric rehabilitation, and the operation of a Psychiatric Personnel Placement Service. The latter primarily concerned itself with the placement of young psychiatrists returning from the services to civilian practice. Its finding was that there were twenty times as many positions open to doctors in State hospitals as there were applications for them, but that there were only half as many positions available in psychiatry outside of the State hospitals as there were applications.

Another achievement of the National Committee, again indicative of its concern about mental hospital conditions, was the major part it played, through its Medical Director, Dr. George Stevenson, in the formulation and passage of the National Mental Health Act. This means that Federal Funds will be made available to the States, their political subdivisions, and to institutions and organizations, for broad mental health purposes. It is expected that the emphasis will be on research and the training of psychiatric personnel, also to be furthered by the establishment under the Act of a Psychiatric Institute in Washington. Beyond the operation of this Institute, analogous perhaps to the Psychiatric Institute at the Maudsley Hospital, there is no thought of the Federal Government taking over any actual institution, so that this Act is in no way comparable with England's National Health Service Act. It envisages no comprehensive mental health service for the community, and although the State Hospitals in the future will benefit from the increased supply of trained psychiatric personnel, and from the preventive aspects of intensified research, no immediate help is in sight from this source.

2. Trends in the American Psychiatric Association

Turning now to a consideration of the attitude of the American Psychiatric Association (corresponding to the Royal Medico-Psychological Association) vis-à-vis the public mental hospitals, it is illuminating to notice the themes of the annual Presidential addresses since its founding in 1844. During its first seventy-five years of life, the Association was largely dominated by State Hospital superintendents, and the addresses reflected the interest in State Hospital problems. During the past twenty-five years, the interest and leadership gradually shifted to extra-mural psychiatry, largely under the stimulus of such men as Adolf Meyer, and of the psycho-analytical group, whose influence has steadily increased. Up to and through World War II the problems of the State Hospitals have been very much neglected, a fact which is noticeable not only from the tenor of the Presidential addresses, but also from the papers presented. The emphasis has

shifted to research, child psychiatry, psychosomatic medicine and the relation of psychiatry to the other medical specialties, psychotherapy (particularly psychoanalysis), and war psychiatry. The shock therapies and psycho-surgery have, of course, received considerable attention, but by and large their application to State Hospitals does not appear to have been so much a matter of common practice as in England.

3. The New York State Investigation

As an example of what was happening generally to the State Hospital systems, one may cite New York. Both in the United States and in England, this State is generally thought of as being among the most advanced in the use of the shock therapies, yet the Commission appointed by Governor Dewey to investigate the New York State Hospital system reported in 1944: "Only twelve out of twenty hospitals are now regularly using insulin shock therapy. Only five are using metrazol regularly and two of the institutions have never used electric shock therapy. Binghamton, Kings Park, and Utica have used electric shock only recently. One institution has never used any form of shock therapy. . . . Any such chaotic result cannot be entirely excused on the ground of lack of personnel". This investigation had been started in 1943 following the outbreak of amoebic dysentery at one State Hospital; the Superintendent was retired, and the Commissioner of the Department of Mental Hygiene resigned. The Commission found that the Department of Mental Hygiene was inefficient and had failed to provide for curative rather than custodial care of patients. A new Commissioner was appointed. Various administrative changes were undertaken, and a large sum of money was appropriated by the State for new building.

The deplorable conditions thus revealed in New York received considerable newspaper publicity, and in fact the concern aroused by reports in the Press probably induced the authorities to undertake the investigation. Two novels dealing with life in State Hospitals also appeared. *The Snake Pit*, by Mary Jane Ward, was a thinly disguised autobiographical account of the authoress's experiences as a patient. It was later condensed in the *Reader's Digest*, became a best seller, and is now being filmed. Ellen C. Philtine's *They Walk in Darkness* was another but less successful attempt to describe State Hospital life; its authoress was the wife of a State Hospital psychiatrist. The authoress followed up her exposé by organizing the People's Committee for Mental Hygiene, a joint lay and professional organization which has continued to press for legislative reform of the New York State Hospitals. While it was obvious that a hospital system as decrepit as that revealed by the report of Governor Dewey's Commission could not be reformed overnight, the People's Committee has expressed continued dissatisfaction with the progress made. The Commissioner has made an effort

to open up post-graduate training opportunities for State Hospital superintendents and physicians, but over-crowding, inadequate staffing, and lack of supplies are still unsolved problems.

4. The Contribution of Conscientious Objectors

While the preoccupations of military psychiatry increasingly absorbed the attention of the professional organizations during the war years, interest in the plight of the State and Veterans' Mental Hospitals began to develop from a most unexpected quarter. It was decided by the government that conscientious objectors who had been assigned to work camps under Civilian Public Service would be permitted to take alternate service as attendants in mental hospitals and in training schools for mental defectives. Attendants, both male and female, outnumber nurses on the staff of an American State Hospital by seven to one, and perform almost all the regular ward nursing functions. By the end of 1943, there were 2,000 pacifists and some of their wives working in 60 State Hospitals and Training Schools. These conscientious objectors, Quakers and members of other churches, were greatly concerned with the serious deficiencies of treatment which they found in State Hospital care, and the poorly paid, untrained, overworked attendant all too frequently resorted to the use of restraints and physical abuse in order to control the excessive number of patients. Physicians and superintendents in these institutions, however well-intentioned, could offer their patients little more than custodial care. The excellence of a few of these State Hospitals made the deterioration of the majority stand out in greater relief. The use of violence was perhaps the condition above all others which appalled the conscientious objectors, since the very basis of their pacifist philosophy was a belief in non-violent methods. One can comprehend the mental conflict engendered. The use of mechanical restraint, and even surreptitious physical abuse of patients by attendants, are unfortunately far too prevalent in American mental hospitals. Nothing impressed the writer more during a recent tour of English mental hospitals than the apparent absence of such methods in those institutions.

(a) *The Ohio Reform*

The first action taken by conscientious objectors towards reform in this field occurred in Ohio in 1943. A group of objectors working as attendants at Cleveland State Hospital revealed the deplorable conditions existing in that institution to Walter Lerch, a reporter on the *Cleveland Press*, and to the Rev. Dores Sharpe of the Cleveland Baptist Association. Mr. Lerch wrote a series of articles exposing the situation at Cleveland State Hospital in forthright terms, and Dr. Sharpe followed up this "needling" of the public conscience by organizing concerned groups of citizens into a popular movement for mental health reform, after which the Governor instituted an investigation; the findings largely corroborated the charges

brought. The superintendent of the State Hospital resigned, and an outstanding psychiatrist, Dr. Frank F. Tallman, was appointed to the long vacant post of Commissioner of Mental Hygiene for Ohio. The Legislature appropriated seventeen million dollars for the Department of Mental Health.

(b) *The Veterans' Administration Reform*

Another significant contribution was made in October, 1944, when a conscientious objector, named Robert Hegler, ran away from a Veterans' Mental Hospital at Lyons, New Jersey, where he was serving as an attendant, and offered his diary for publication in the *New York Journal American*. Once again, people were shocked by eye-witness reports of physical abuse of the mentally ill. Several journalists took up the cudgels against the Veterans' Administration, attacking not only the psychiatric hospitals but also the other Veterans' facilities, and demanding a complete administrative house-cleaning. A Congressional investigation was initiated, and many of the allegations made by Robert Hegler against the Lyons Mental Hospitals were substantiated. When the clamour for reform spread from the lay press to such organs as the *Journal of the American Medical Association*, President Truman appointed General Omar Bradley as Veterans' Administrator. The latter immediately instituted a complete reorganization of the Administration, and the hospitals have greatly improved their services. In addition to better in-patient care, the Administration has made a determined effort to provide out-patient psychiatric clinics in urban centres, and a programme of post-graduate psychiatric training is attracting scores of young psychiatrists. This training is concentrated in the centre at Winter General Hospital in Kansas, under the direction of Drs. Karl and William Menninger. By an ironic twist of fate, Robert Hegler was rewarded for his part in starting this chain of events by a two year prison term, for having taken absence without leave from his post at the hospital at Lyons.

(c) *The National Mental Health Foundation*

1944 saw another and perhaps the most significant contribution from the conscientious objector group. This time the protest against the *status quo* came from Pennsylvania, from four men—a writer, two lawyers and a mining engineer—who were working as attendants at Philadelphia State Hospital, at Byberry. The Philadelphia Press had been particularly alive to the situation, and the Superintendent of the hospital had frankly stated to reporters that inadequate appropriations and lack of personnel made it impossible for him to provide decent care or treatment. The conscientious objectors referred to above were particularly struck by the low calibre type of attendant which the hospital was forced to employ, owing to their comparatively small compensation and poor living conditions. They were moreover given no kind of training before taking up their duties. Physical abuse and the use of restraints were widespread. Accordingly, the four

conscientious objectors: Edelstein, Barton, Hetzel and Steer, started to publish a magazine entitled *The Attendant* (since renamed *The Psychiatric Aid*). This contained material to aid the attendant, or the nurse, towards a more humane and therapeutic approach, presented in a popular fashion. A well-designed format, illustrations and even a comic strip (illustrating various cardinal principles of good mental nursing) were and still are features of this periodical. The group also brought out a popularly written *Handbook for Psychiatric Aides*.

This group soon realized that the poorly paid, poorly trained attendant was only a symptom of progressive deterioration in many State Hospitals from long continued legislative neglect and lack of adequate appropriations. But this in turn reflected the apathy of the public, which—partly through a deep-seated fear of mental illness—took no responsibility to see that these institutions were properly looked after by their elected representatives. The nation-wide prevalence of poor conditions was clearly indicated in the thousands of reports which the Byberry group collected from conscientious objector attendants, and from concerned nurses, social workers and physicians in State Hospitals and Institutions for Mental Defectives throughout the country. These reports (by far the most complete such file ever collected) formed the basis for the programme of public education which was undertaken as the second step in reform, the basic need being to arouse the public's sense of responsibility.

Under the sponsorship of the National Committee for Mental Hygiene, and with a panel of professional advisors, the group launched the "National Mental Health Program". The material from the file was such that it was bound to shock relatives of mental patients, and to alarm professional persons, particularly superintendents who might feel that they would be blamed for conditions of which, in fact, they were more the victims than the authors. However, the facts had been concealed from the public too long, and the resulting public apathy had always nullified any purely professional efforts towards reform, so that to bring the material to the attention of the widest possible audience in the most striking manner seemed necessary. Accordingly, the file was made available to Albert Maisel, along with actual photographs taken on the wards of State Hospitals. It was stipulated that he should in no case use the names of actual hospitals or persons, since the philosophy of the programme was to indict the system as a whole rather than to make scapegoats. Mr. Maisel wrote the article entitled "Bedlam, 1946", which appeared in *Life* magazine in the spring of the year, and was later reprinted as the leading article in the *Reader's Digest*. The total circulation of these two magazines is over thirteen million.

The article, naturally, was written in a far more sensational way than for a scientific publication. There were several minor errors, but all the important facts were accurate and have never been

challenged. While some of the worst institutions were described, the deplorable conditions depicted are unfortunately less the exception than the rule. Also, it may be assumed that much which is as bad if not worse has not been reported.

Life reported one of the largest reader-response correspondences in its experience, and there is no doubt that it has made millions of people aware of the tremendous mental health problem in their midst. The National Mental Health Program, by this time a distinct entity no longer under the sponsorship of the National Committee for Mental Hygiene, was incorporated in 1946 as the National Mental Health Foundation. Ex-Supreme Court Justice Owen Roberts accepted the Chairmanship, and the Society of Friends, aided by the other Peace Churches, was largely responsible for the financial support of the organization during 1946. Except for one psychiatrist (Dr. Earl Bond) on the Board of Directors, and one (the writer) on the staff, the organization is entirely lay in its personnel. This is not only because it was felt that laymen are best able to prepare educational material for laymen (under professional guidance), but because the programme of the Foundation aims to educate the man in the street in the psychiatric needs of the community in the hope of joint lay and professional action. The Foundation seeks to represent the point of view of the layman (the citizen, the patient, the patient's relative, the attendant) vis-à-vis those organizations which speak for the professional (the psychiatrist, the trained nurse, the social worker).

The reports on State Hospitals and Training Schools for Mental Defectives have also been made available to the public in a popularly written book: *Out of Sight—Out of Mind*, and in surveys of conditions in certain States (Pennsylvania, Iowa and New Jersey). 200,000 pieces of additional educational material have been circulated. Two full-time lawyers and their staff comprise the Foundation's legal division, which has summarized the mental health laws of each of the forty-eight States, and has prepared new mental health legislation for Pennsylvania and Iowa.

As a corrective and constructive follow-up to the *Life* article, the Foundation has produced eight radio plays on mental hygiene—which have been heard on 200 radio stations in the United States and Canada—and is now producing thirteen more. Each of these fifteen-minute dramatizations are written by a professional writer on the staff of the Foundation, under the technical supervision of the staff psychiatrist. They dramatize various kinds of psychiatric services, or existing abuses with indications how these may be corrected by popular action, or misconceptions about mental illness—worked through in dramatic form to a more constructive point of view. The characters are sympathetically drawn, so that the listeners may identify themselves with them. The emphasis throughout is on positive action and constructive attitudes, with a consistent attempt to decrease the listener's

fear of mental illness and the mental hospital. Each play is produced in the studios of the National Broadcasting Company by professional actors, recorded on discs, and made available to local non-network radio stations under the sponsorship of local mental hygiene committees or other interested organizations.

In each State the Foundation seeks to work not directly but through the local mental hygiene organization, providing that organization is widely representative; the Foundation can make available its legal, educational and radio material, and the services of its speakers and field representatives. At the same time, it can act as a centre for the exchange of information between local groups.

A basic principle in a programme of this kind is actual participation by the citizen in activities relating to mental health. One of the drawbacks of the *Life* article was the gruesome nature of the photographs which allowed readers to dissociate themselves from the problem: the patients depicted did not seem "human"; the situations described seemed too terrible to be "real". Comparisons were frequently made between the scenes reproduced and photographs of German concentration camps. "This can't be happening in America." In the radio plays described above, the process of identification, the empathy, is far greater—because it is an emotional rather than a conscious intellectual identification. Best of all is actual contact between the citizen and the mental patient, or the citizen and the psychiatric service. An example of this is the scheme whereby groups of University students of psychology, social work or allied subjects, work during the summer months as attendants in State Hospitals. There are Institutional Service Units now in operation in nine States, and the National Mental Health Foundation has promoted the plan wherever possible. The writer has tentatively explored the possibility of such students coming to work for a period of months, either in groups or singly, in British Mental Hospitals, and has drawn the attention of British psychiatrists to the success of the American venture.

The Foundation often arranges visits to mental hospitals, usually for specific lay organizations, or for State legislators, with two leaflets available: "What to look for in a Mental Hospital", and "What to look for in a State Training School for the Feeble-minded". While an inquisitorial approach is not intended, it is expected that the superintendent and his staff will be frank with the sincere citizen about the problems of an institution which, in a very real sense, is their joint responsibility.

Still another form of "learning by doing" which the Foundation has promoted is the setting up of volunteer service units in mental hospitals. These differ from the Institutional Service Units in that the volunteers, usually women, do not live in the hospital, but give certain hours each week to work in the occupational or recreational therapy departments of State Hospitals. The Foundation has

stimulated the American Red Cross to set up such so-called "Grey Lady" units in New York, and recommend them throughout the States. A similar scheme was started by the Foundation in Pennsylvania, under the American Women's Voluntary Services. It is essential that such groups meet three requirements: (1) They must be carefully selected; (2) they must be closely disciplined by the sponsoring organization; and (3) they must be welcomed and receive basic training in the proper approach to mental patients by the staff of the hospital. Some of their activities have been: musical entertainment stressing patient participation, on the wards; organizing games on the wards for shut-in patients; library service; taking patients for walks; shopping service for patients; and assisting in occupational therapy. These volunteers not only supply needed services; they invariably become deeply interested in the problems of the hospital and promote better public relations between the hospital and the community.

5. New Activity in the Professional Organizations

The emergence of lay organizations and the tremendous popular interest in the Press, have aroused the older professional organizations to new efforts in the field. The National Committee for Mental Hygiene has been organizing local mental health movements on a broad community basis in the Middle West, particularly in Ohio. Most significantly, the American Psychiatric Association has urged superintendents to reveal to the public the deficiencies of their hospitals—a recognition that lay support must be secured. It has also established the Psychiatric Foundation, which hopes to set up a much needed system of professional inspection and rating of mental hospitals—possibly analogous to the work done in the United Kingdom by the Board of Control. Finally, psychiatrists in the American Psychiatric Association have organized the Group for the Advancement of Psychiatry (nicknamed "GAP"), which has been studying ways and means of reform.

6. The Present Phase: Laymen and Professionals co-operate

One can, perhaps, discern three stages in the modern American mental hygiene movement. The first is one of lay protest, exposés in the Press, and the emergence of new non-professional organizations. The second phase sees new activity in these latter organizations, as described above. The third stage has also been reached, and is marked by a *rapprochement* between the professional and lay organizations, and a replanning of their campaigns for funds, and of their individual objectives and respective spheres of activity. Agreement on the over-all mental health programme for the nation is desirable, although each organization may bring to this its own resources and its own emphasis. A joint meeting of representatives of the Menninger Foundation, the Psychiatric Foundation, the National Committee for Mental Hygiene,

and the National Mental Health Foundation has taken place; and the last two organizations exchange representatives. The trend is towards co-operation, or, at the most, federation, but not towards organic unity. It is felt that each organization will be freer and better able to make a vigorous and original contribution if it preserves its own identity.

Tangible results of the movement are to be seen in some States in the shape of re-organization of State Departments of Mental Health, formation of new citizen's mental hygiene committees, additional appropriation by State Legislatures, and the creation of new psychiatric services. However, the surface has only been scratched, and the movement is hampered by lack of funds. Intangible results such as an increased interest and sense of responsibility of the public are hoped for, and are of primary importance. It will be of great interest to compare the developments of the coming years

in the field of mental health in Britain and in the United States. In Britain the development of the mental health services is being planned from above, by the state, closely guided by professional advisors. In the United States, no nation-wide planning of this type is possible because of the Federal form of government. A truly national mental health programme will be only obtainable through public education, and this will be uniform only inasmuch as the organizations concerned can agree on joint objectives. The actual mental health services and reforms which finally emerge in each of the forty-eight States will in turn depend on the popular response to such education in each community. The excellence of such reforms will be proportionate to the sense of self-responsibility developed in the citizens, and to the community-wide participation therein of all groups, all classes, and all ages.

Psychiatric Social Work among Children in New York and Neighbouring States

By LESLEY SAMBROOK AND CLARENCE A. WOLLEN

General Trends

The first thing that strikes the English visitor, examining post-war social work in the U.S.A., is the "psychiatric invasion" of all fields. In work among children this has led to a de-centralizing of the functions of the Child Guidance Clinic and to the establishment of a psychiatric case-work section within each agency or department concerned with child welfare. This is true of schools, the Juvenile Courts, Family Agencies, Child Placement Agencies and Institutions serving children (both Residential Schools and Homes). More details of the functioning of these schemes will be given later.

Child Guidance Clinics proper may function in their own right like the Judge Baker Clinic at Boston and the Philadelphia Clinic, or may be part of the Mental Hygiene Clinic of a Psychiatric Hospital, like Bellevue, New York, or attached to a Children's Hospital like the "Harriet Lane" at Baltimore.

Training of Workers

Case-work has swept the country and in practice the term "case-worker" covers the psychiatric as well as the general social worker. Far more men in America than in England go into this field and this was felt to be a healthy trend, contributing robustness and balance to the profession. Modern psychological theories have strongly influenced the training and a good deal of psychiatric knowledge

is incorporated in training schemes for all case-workers.

There is no special course for psychiatric social workers as such; they merely take a further series of psychiatric lectures (which are optional for the case-worker going into other fields), and have their practical work in a psychiatric clinic.

All candidates for training in social work take an 18 months to 2 years' course in a post-graduate School of Social Work, ending in a "Mastership of Social Science". Great stress is laid on having a college degree, and possession of this academic qualification seems to be considered more important than previous experience or personal suitability.

Owing to the different educational systems in the two countries, a degree does not mean quite the same in the U.S.A. as it does in England—but the insistence on it as a pre-requisite for admission to a School of Social Work, does constitute a difficulty for English students desiring further training in the States. It would be well therefore if some evaluation of English training could be made which would satisfy the authorities there.

Further In-Service Training

On completing the post-graduate course in a Social Work School, the worker may get further specialized in-service training within the Clinic or Agency in which she is thus employed. An outstanding example of this is the Jewish Board of Guardians which uses case-workers for therapy,

both with parents and children in its Child Guidance Service. Workers entering the service have during their first year, weekly seminars on diagnosis conducted by a psychiatrist. In the second year there are similar seminars on treatment, and for workers going in for group therapy, seminars in this branch of work also. There is also an efficient system of control by the psychiatrist, in part exercised direct by means of conferences with individual workers and in part exercised through the supervisors. These supervisors have a reasonable number of case-workers attached to them for frequent discussion and supervision of cases. The conferences with the psychiatrist are at less frequent, though regular, intervals. In case of difficulty the psychiatrist is always available to the worker for direct consultation.

In many other clinics and agencies, somewhat similar though much less complete arrangements are made for continuing the instruction of workers in their function.

The Role of the Psychiatric Social Worker

From a position of great responsibility and scope such as that given to the case-worker in the Jewish Board of Guardians, there are varying degrees in the use made of P.S.W.s reaching the other extreme in some clinics attached to hospitals where their work is at a minimum. This occurs in hospitals primarily concerned with training psychiatrists where to the young doctors is given much of the work ordinarily the province of the P.S.W. In the end this has an unfavourable repercussion on psychiatric social work as psychiatrists trained in this way do not appear to know what responsibility to delegate, and how to use the services of P.S.W.s in clinics where they ultimately work.

Between these two extremes there are many clinics and hospitals working with the usual team, though there is a growing tendency to allow more elasticity in the respective roles in treatment, between psychiatrist and P.S.W. For example where suitable the child may be allocated to the P.S.W. and the psychiatrist may take the parent.

The extensive use of case-workers for therapy made by the Jewish Board of Guardians is open to criticism, but it is an attempt to meet the need for treatment which is an urgent problem in the U.S.A. as it is in England. This need is so widespread that it is impossible to meet it through treatment given direct by psychiatrists only. Therefore this attempt is being made in using the psychiatrist as a remote control for other psychiatric personnel in the field of psycho-therapy.

Social Work in Public and Private Agencies

The emphasis between these two types of work varies very much in different states. In New York and the Atlantic sea-board, although there are State Schemes for the care of dependant and delinquent children, there is a tendency for much

of the work to be done by private Agencies. These are a development of old Charitable Societies which have grown and modified to keep pace with modern needs. In line with the very strong feeling in America in favour of private enterprise as against any State Schemes, these Agencies handle a great deal of the social and psychiatric work amongst children and often fill gaps for which the State has made no provision.

De-centralizing Psychiatric Work

While in England the P.S.W. usually functions within the setting of the Child-Guidance Service, in the U.S.A. she has moved out of this specific field, and, under the title of "case-worker" is making her contribution in all areas of child care. The following are examples:

(a) *Child Guidance, or Counselling Service within the Educational System*

This operates slightly differently in different localities, but the general principle is that schools have facilities for handling their educational and some of their psychological problems themselves.

In New York, Child Guidance Units under the Board of Education operate in different centres, each of which is located in a school, and serves a certain number of schools in that area.

In Philadelphia and other places, the Board of Education appoints "counsellors" (sometimes called visiting teachers). These are teachers considered suitable for a psychiatric training. This is given as an in-service training course and the counsellors then deal with children individually in school, in consultation when necessary with a psychiatrist. They also do home visits and interview parents. Referrals must come through the head teacher.

This means that a number of problems arising from low intelligence and the more superficial behaviour problems are dealt with, without reference to a separate psychiatric clinic.

(b) *Child Guidance Services attached to the Juvenile Courts*

The Juvenile Court in New York maintains its own clinic and children are referred by the Magistrate ("Judge") for diagnosis, and for treatment. Case-workers under the supervision of the psychiatrist give treatment in selected cases, and at present an experiment is being made in group-therapy among some children on probation.

In New York, there is also a psychiatric service attached to the Remand Home—Youth House. This is operated by case-workers under the guidance of supervisors and in consultation with a psychiatrist.

In Boston, the Juvenile Court uses the Judge Baker Clinic for seriously disturbed children. For less serious cases there is a "Citizen Training Department" which is really a compulsory evening

club for boys on probation. This is in charge of two case-workers—one of whom (a man), is also a group-worker (recreational officer).

(c) *Psychiatric Case-work departments attached to Children's Aid, Child Placing Agencies (Foster-care), Family Agencies, and State Welfare Departments*

All these maintain a staff of case-workers, supervisors and psychiatrists for consultation. They have definite schemes for orienting their case-workers to their special function and policy. This is done by frequent conferences and seminars. As far as possible they deal with problems arising in their own work. All boarding out in private foster homes and all adoptions are done by case-workers and this child-placement is considered a very skilled job.

(d) *Psychiatric Services attached to Institutions serving Children*

A very important development is the setting up of psychiatric case-work departments in almost all institutions for children. As far as possible all normal dependent children are placed in private foster Homes, and the Institutions cater for children who are disturbed or delinquent.

The emphasis has shifted from custodial care, through an educational phase, to a therapeutic goal. This means that the Director may be a psychiatrist, or a psychiatrically trained case-worker, not necessarily an educationalist. In most institutions the Board of Education sends in daily a school unit and this operates independently, the only liaison with the institution staff being a friendly relationship. It has certain advantages now that the main aim of institutions is therapeutic, not educational, but it means that the Director has no official control of the educational programme. Most institutions are known as "schools" because of this included educational unit, and the children prefer this name.

Case-workers attached to a school may be resident, or visit daily or at intervals. They not only collect Social Histories and do after-care, but each has a certain number of children allocated to her (or him) for regular interviews during their stay in the institutions.

The frequency and nature of these interviews varies in different institutions and also with the needs of the particular child. They may be merely a friendly contact and a bridge between home and school, or they may be of a definitely therapeutic nature.

The amount of supervision given to a case-worker and the frequency of consultation with a psychiatrist varies from institution to institution.

This development would seem to be one of great significance. It recognizes the need of the institution child, whether he be there for long or short term placement, for an individual contact. To be able to count on the undivided attention of a

sympathetic individual is a great help, but if he is to make progress this person must be a skilled worker with whom he can discuss his problems and who can help him resolve his difficulties whether in connection with the home situation or the school. The case-worker should also be of great service to the parent-substitute in discussing and mediating the child's difficulties as they impact on the living situation. In actual fact this relationship is one demanding great tact from the worker if a jealousy situation is to be avoided.

In the best institutions great care is taken that the case-worker who first contacts the child should carry through with him, visiting his home, interviewing him while in the institution and undertaking his after-care when he has left. If he is transferred to another institution or foster home, the worker personally introduces him to the new case-worker—and this is also done if for practical reasons there has to be a change of personnel. In some institutions visited this valuable principle of continuity was not adhered to and the child might have to make several adjustments to different workers—on admission, during residence and again on leaving. In these cases, much of value, i.e. continuity of relationship, was felt to be lost. This development of case-work can be a powerful factor in making placement in an institution part of a constructive treatment plan, not the last resort of desperation. There is one danger, however, which was noted in some institutions visited, viz. case-work must never be allowed to replace good child-care in the living situation. In some institutions where groups in cottages were too large and parent-substitutes inadequate, there was a disposition to try to patch up poor child-care with case-work. This can never be satisfactory.

General Conclusions

All these ways in which psychiatric work is decentralized, does mean that the bottle-neck of the local Child Guidance Clinic is avoided and that treatment, at any rate on a case-work level is available to many more children. It inevitably places a heavy responsibility on workers to which in some cases it was felt they were not equal, but, those Agencies demanding the most from their workers have a very thorough system of in-service training and a close liaison maintained between case-worker, supervisor (a more experienced P.S.W.) and psychiatrist. The success and even safety of any such scheme depends on the effectiveness of this liaison and of the psychiatrists' ultimate control.

It was felt that these trends should be closely watched and methods of working examined, both with a view to guarding against what may prove to be pitfalls and to applying what proves to be useful in the reconstruction and development of psychiatric social work serving children in this country.

The Prevention of Misfits at Home and at Work*

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The Psychiatric Approach

Psychiatry has something—but only something, not everything—to contribute to some instances, not every instance, of problems which involve the management of personal inter-relationships. It is from this moderate viewpoint that I venture to approach the subject of misfits at home and at work. I approach it, as it were, from the frankly abnormal to the more nearly normal, from the ill to the well; to see whether, as has often happened in other aspects of medicine besides psychiatry, the study of the sick reveals events or principles that are relevant to improving still further the lot of those who are well, and so leads to the prevention of more illness.

It is a common experience in clinical psychiatry, especially in the less severe disorders—the neuroses, and the inadequate though not grossly defective personalities, that are seen in out-patient practice—to find that a personal misfit of some kind is a potent cause or a persistent aggravator of the symptoms. It is an essential part of clinical technique to take a careful biography—often an autobiography—of the patient. In most cases, his defences come down sooner or later; he reaches a stage where frankness born of despair is imperative to him for the relief of his emotional distress; cupboards yield up their skeletons; secretly nurtured hostilities, jealousies, resentments, disappointments and frustrations come into the arena of dispassionate discussion. Some are remediable, some are not; but at least we get to know what they are. Many of them result from personal misfits; and we can see how they arise. None are more bitter than those directed primarily, not against others, but against the self; although they usually become projected, secondarily, against others.

Types of Misfit and their Genesis

(i) At Work

The examples that I am about to give are anecdotal, necessarily anonymous and disguised in some respects; but none of them are fictitious, they are all based on actual cases, typical of many. They all bear the common feature of a discrepancy between the aptitudes and attributes of the individual on the one hand, and those needed for the job he is in, or to which he aspires, on the other. But they build up into some curious patterns so that the fundamental discrepancy is sometimes hidden

and much effort is wasted in following the false scent of the secondary reaction.

The man who, comfortable enough economically, sets his heart on a professional career in say medicine, the law, architecture, or engineering and who just lacks the mental equipment to make the grade has indeed a bitter pill to swallow; but he may just manage to "take it" if he gains insight into his limitations early enough; and this is more likely to happen if he has a frank neurotic breakdown and so comes under medical care for the relief of the symptoms that distress him. If he does not do this, he is likely to have a lasting grudge, first against the professional body that rejects him, then against an ever widening range of concrete society, then against religious conceptions; and so, in an extreme case he becomes a world-hostile irreligious anti-social psychopath, a frothy reformer, full of specious excuses for his own ineptitude; he does not recognize that he is ill in any way, and indeed it is open to question whether he is, but he is nevertheless a nuisance, if not an actual danger to society, a hanger-on to the fringe of freakish cults, a preacher of seditious nonsense, a quack, an exploiter of weaknesses and frailties in other less aggressive and even less well endowed individuals than he himself.

A similar chain of events can be seen in simpler walks of life. The moderately skilled workman, or woman, not quite skilled enough, yet with aggressive ambition that precludes acceptance of a more humble position better attuned to his aptitudes, is liable to find all kinds of evasions and excuses for his lack of satisfactory work; first in his health—we are all familiar with multiform but vague diagnoses such as anaemia, debility, nervous exhaustion, rheumatism, gastritis, back-strain and so on that so characteristically bespatter his medical card in the space of a few months—then in working conditions, such as excessive hours, unreasonable orders, bullying foremen, bad ventilation, and that never-failing source of contention, bad food in the canteen. Such a one, seldom very particular about the accuracy of his facts, is prone to make noisy sweeping generalizations that, for indefinite reasons, he can seldom support by chapter and verse; and he will soon be ranting about victimization, exploitation and—a favourite one, this—lack of discipline and control, which he himself would be the first to resent. If such an individual happens to have the gift of the gab, he may collect, about him—or her—a number of under-occupied

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and thoughtless, though otherwise contented individuals who will go with him as much for the sake of a minor thrill or a change from routine, as for any real or critical belief in the rightness of his rantings. And such a "cell", besides being most uncomfortable for other more thoughtful and stable workers to live with, can hinder or stop the entire work of a factory—though not for long—to the despair of the management, the orthodox and properly accredited representatives of the workers and the public. Individuals such as I have described have a characteristic lack of discrimination and fairness and they are really irrational; they neither know nor care, nor try to find out who is for them, who against them; they are as deaf to entreaties and advice of those whose business it is to help them (and whom they pay to do so) as they are to the ultimatum of those with whom they are in conflict. It is peculiar that wherever they go, in whatever setting, the story is always similar, and they are never in the wrong; they are entirely different from the prudent, thoughtful, skillful man who knows his job and its faults as well as his own, and who seeks patiently to remedy them by proper and generally accepted methods.

A certain proportion of men, or women, who are examples of misfits in either kind of setting that I have described do come into psychiatric hands sooner or later. Those who do, are often of cyclothymic temperament in addition to lacking some aptitude or skill, or other quality that is essential for the occupation to which they aspire. Thus they have phases of mild depression and mild exaltation with aggressiveness. And that the evolution of a misfit in the way that I have just described is not a mere theoretical psychological fiction, is abundantly demonstrated by what one actually sees in the consulting room, every now and then. Aggressive, bombastic, world-hostile men break down, sooner or later, and describe themselves—usually correctly, not as a delusion—in self-condemnatory terms, express a surprisingly clear realization of their limitations and a knowledge at last that what they need is help to find their feet in a world that seems to offer them very little, not so much because there is something wrong with the world as because there is something wrong with them and there is very little they can offer in return. They come at last to recognize that there are two sides to a bargain. Again, in further support of the factual nature of this account of misfits, it is not an exceptional experience to see, or hear from, a patient, perhaps several years after the initial consultation and to learn that after accepting advice to eschew a professional career and accept something much humbler, he has found a way of living that leads to contentment and freedom from symptoms, even if it does mean running a small retail business, or a kennel, or being a comparatively humble technician instead of aspiring fruitlessly to high places in one of the professions, or in commerce.

Something must be said of another, though much

rarer, kind of occupational misfit, namely the man whose aptitudes and skills are far beyond the demands of his actual occupation, or who, without being exceptionally able, has no outlet for his interests or aptitudes, as instanced by the case of a young man who entered railway service because he wanted to do poster publicity work and who found himself instead doling out excursion tickets and handbills to exasperated queuers. Such a man is likely to find his job boring and monotonous, to suffer therefore from disproportionate fatigue, to feel uncertain, frustrated and insecure, and he is thus liable to develop morbid anxiety or other psychiatric symptoms and to come into psychiatric hands on that account. He too, though for quite different and much more valid reasons may have a grudge against society; and clearly it is much more easily remedied than that of the man whose grudge is founded on his own inadequacy, for unless advancing years or imprudent family commitments are a millstone about his neck, he can still be given his chance; and since he is often, by definition, of superior intelligence he is more likely to benefit by explanatory psychotherapy and be more ready to adjust his attitude to the world than is his less well endowed counterpart. But if this adjustment is not effected, and if his social circumstances cannot be modified to remedy his position, he is capable of becoming, and sometimes does become, a most disruptive social force, the more so because of his superior intelligence.

I think there has been a tendency to over-estimate the frequency of this kind of misfit, and to take over-elaborate, though not always effectual measures to prevent its occurrence. The trend of scholastic and post-scholastic education, sponsored alike by public authorities, private benefactors and industrial concerns that offer substantial opportunities to promising pupils, is to give a chance to everybody. Desirable and right though this principle is, it can be pushed too far in the direction of giving too many chances to too many people without regard to their inherent limitations, thus tending in some cases to emphasize the very misfits of one kind or the other that it seeks to avert. This fault is liable to arise from excessive preoccupation with the value of technical skills without consideration of the social aptitudes—the capacity to deal with and get on with people that is such an essential quality in the higher ranks of most professions and occupations. One sees this in medicine, in engineering and in science certainly, and I have no doubt, in other professions too. Over and over again one is faced with the problems of the individual who gains promotion because of his technical skill but who, organization and administration being what they are, finds that, as the ladder is ascended—as the nurse passes from the ward to the assistant matron's office, as the doctor passes from the bedside to the medical administrator's chair, as the teacher passes from the classroom to the office of the educational director, the scientist from the laboratory to the board room—the limiting factor to efficiency,

achievement and personal contentment lies not in the development of technical skill itself, but in the capacity to exercise that skill in a human setting of inter-related but diversely opinionated people. And so, there is sometimes a peculiarly difficult type of misfit to be found at or near the top; and he is a kind of misfit that is liable to have rumbling repercussions throughout the structure and functions of the organization that he is trying to direct. In a word, what he lacks, however good he may be technically, is a capacity for leadership; and since leadership is an essential factor in maintaining good morale, the whole organization suffers. Unfortunately, whereas it is relatively easy by tests and examination to predict the development of intelligence and special skills in an individual, it is exceedingly difficult to predict how he will react to and inter-act with other people once he attains a position of practically undisputed authority and responsibility. For power always tends to be, in the end, a corrupting influence unless it be balanced and controlled from without by some organized arrangement of committees—(always liable to develop into restrictive red-tapism)—or from within by a proper spirit of humility which is a comparatively rare and certainly imponderable virtue that needs, like friendship, to be kept in constant repair, by the exercise of personal disciplines fundamentally of a religious or spiritual nature, by whatever names one may call them.

(ii) *At Home*

Misfits at home which we in clinical psychiatry see far more frequently than we see misfits at work—(that is to say they are more often causes of illness, not necessarily more frequently absolutely) are of three main kinds—ill-matched spouses, badly brought-up children and intrusive interlopers, whether “in-laws” or not. All of these may interact to some extent. The last—the interloper—is in principle the easiest kind of misfit to remedy. It is not so much that they are inherent misfits, but rather that they create a set of interpersonal conditions that brings to the surface any latent tendencies to quarrelling that there may be; and at best their continued presence makes exacting demands upon even the most saintly, well-nourished and well housed families. They are therefore more noticeable in times of social stringency such as the present. Clearly their remedy lies in the social and economic spheres; but it should be remembered that even in better times, a proportion of those who are favourably situated in these respects are prone, if they are of lazy disposition, to hang up their hats, blind apparently to the comfort of everyone except themselves. The application of the economic spur, even at the expense of a frank family row is usually a sound investment in such cases, and in the end it benefits the interloper, if he is worth his salt, as much as the family team whose home ground has been invaded.

Few things are more pitiful than the unruly,

noisy, boastful ill-mannered child who is a misfit in his own home, the more so because to begin with, it is seldom or never his fault that he is so; and what is more pitiful still is that, in the fullest sense, it is often not very much the fault of either parent individually. It is simply that the parents are so ill-matched and are themselves misfits vis-à-vis one another, although not necessarily in the world at large, that they cannot create the harmonious and congenial atmosphere that is essential for the proper development of the plastic personality of the child. One parent is the stronger character, usually—I venture this opinion with the greatest diffidence—the father. We are all familiar with the problem child, brought to the clinic by his mother with the history that he was perfectly all right until his father went to the war; then he began behaving badly; and now he seems to resent the return of his father and in spite of beatings, scenes, tears and entreaties from the mother and threats from the father, the difficulty continues so that, as is often said, “my husband wishes he was back in the army again—and my nerves won’t stand it much longer”. In short, the child who is a misfit is usually in every sense the product of parents who are themselves misfitted to one another; and in many cases it is the separation of war time, after a brief spell of married life in probably highly artificial conditions, that has brought the misfit to light. In severe cases of this kind, the home becomes an uncongenial place for any of its members; father may well find the “local” or the dog-track, a more attractive retreat after the day’s work; the child prowls the streets, the cafes, the fun fairs, when he should be in bed; the dispirited, discouraged mother no longer even tries to provide an appetising supper—difficult enough in these days—nor to plan the occasional family outing with high tea and the pictures, no longer bothers even to try to look, or make the home look, attractive; and so the home is broken in spirit and in morale, if not materially and it is held together in the latter respect only by the arid and biting bonds of sheer economic necessity and perhaps by fear of what the neighbours will think and say.

This sad and common train of events is by no means confined to one particular social stratum; in its essentials it is, I believe, as frequent, relatively, in the setting of the so-called luxury flat, and the suburban villa, as it is in that of the working class tenement. But my impression, from working with a population that is evenly divided between urban and rural elements, is that it is much less likely to progress to its most severe manifestations such as I have outlined, in the village, than in the town, mainly I think, because there is in the village a larger social grouping, beyond that of the family itself, that acts as a kind of outer haven for distressed or misfitting individuals who have been pushed out from their berths in the inner harbour. Even if they cannot find a fit in the immediate family circle, they can still do so in a small rural community, where everybody knows everybody and everything

about everybody else. In the town and more so in the suburbs, a family may live cheek by jowl with another for years and be on no more than nodding terms; and if anyone gets, so to speak, pushed out of the inner berth there, he finds himself straightaway tossed purposely hither and thither on an indiscriminating sea of social insecurity. There is no haven in between, such as there is in a village.

Clearly, all these domestic misfits interact with misfittings at work, in either direction. Resentment at an unjust foreman is projected on to the hapless wife, no less than irritation by the nagging wife and noisy child is projected in criticism of the factory management.

I make only passing reference to the misfits that are constituted by the so called "problem family". These are really special instances of persons so inherently handicapped, although seldom recognized legally as frankly defective, so irresponsible, improvident and lacking in foresight as to be incapable of accepting successfully the liberties, rights, duties and responsibilities of the ordinary citizen, and of managing their lives in a proper and self-supporting way, however favourable their external circumstances may be at the start. Provided that they are not grossly unstable emotionally in addition to being intellectually defective, they are not as difficult a problem as they seem, for their occupational capacity is extremely limited, and it is evident to most people who come in contact with them that they are weak-minded. As a consequence, they are unlikely to be much of a socially disruptive force, or to interfere much with the quiet enjoyment of other citizens. They tend to gravitate together in slums, or to create them; and we have been told from several authoritative sources in recent months how fertile they are. Most of them just go on being quietly and contentedly parasitic, and will I suppose, continue to do so until the sheer social and economic burden of them compels the people as a whole to lend a more sympathetic ear to the shy voice of the psychiatrists and others who, from the days of the Wood Report (1929), through those of that masterly survey, "Our Towns" (1942) to the current startling conclusion that the national average intelligence level is slowly falling on account of the fecundity of the less well endowed, have timidly suggested that it might be in the better interests of these poor folk as well as of the people as a whole, to recognize them for what they are and to deal with them appropriately before they entangle themselves in commitments that they have, from the start, no chance whatever of fulfilling.

Principles of Prevention

Although all the examples of misfits that I have cited are those that have, in fact, had a direct bearing upon the onset or aggravation of psychiatric illness, I have no doubt there are many other similar misfits, similarly built up, that a psychiatrist never

sees, because their occurrence does not result in actual illness either in themselves or in their associates. They just drag on, unhappy, sullen, sulky, difficult to live with, unreliable, relatively nothing like as efficient as they might be, and carrying with them a rather contagious aura of restlessness and discontent especially bad for young people at home, at school or at work. I am not going to suggest that it is the psychiatrist's business to put them right, but at least he may properly offer some suggestions about the principles for preventing their occurrence. This I now venture to do; and I lay special accent on prevention rather than remedy, because it is so much easier. As to remedy, I think this is possible in only a proportion of instances. You can remove the intruder from the family circle, sometimes; or you can re-select the occupation of a faultily placed artist or artisan, if his economic circumstances permit it—there is an "if" or a "but" in the attempt to remedy most established cases of misfit. You cannot however effect a real and complete remedy for the wrong man being married to the wrong woman, especially if there are children; the best you can hope for is to patch things up at a workable, day-to-day, matter-of-fact level; you can never hope to give them the fullness of the family and marital relationship at its best if their inherent qualities are ill-matched. Nor can you do much to remedy the managerial type of misfit—the able technician who lacks the capacity for leadership—without incurring legal risks, or severe personal hardship for him, for something that is, when all is said and done, not altogether his fault—after all he didn't make his own appointment.

On what lines then, and by whom may preventive measures be taken?

I would place first in importance the marriage relationship,—the selection of a spouse,—and I would emphasize that it is quite impracticable to suppose that anyone else is going to make the choice except the two people themselves who are concerned. They are more likely to make the right choice if they are taught to think for themselves about these matters before they become involved in them. They may receive guidance, either through a body organized for that purpose such as we have to-day, or through their general education and experience of the world, or through their parents, or all of these; but in the end the decision must be theirs and theirs alone. It is desirable that guidance, should be given while each is heart-whole. Those who are already bethrothed are nearly beyond guidance, specially about each other, and if unalterable but ill-matched traits are present, nothing can be done about it, except to point out that care will be needed in this or that respect; in any case, two people in love are seldom in a condition to exercise clear judgement about themselves, at any rate to begin with. I have no wish to intrude into fields that others have made their own, but I would venture the opinion that the essential principles of successful mating are to be found

in the recognition and satisfactory matching of certain traits, attributes and circumstances, rather than in any conception of matching personality types.

Briefly, a matching of intellectual status, interests, social class, cultural standards, spiritual values and sex needs should be the aim; and serious disparity in any of these respects should give pause to even the most ardent suitor or the most insecure spinster. Over all, it cannot be too strongly impressed on young people—and some not so young—that marriage is not completed, only begun, with the signing of the register; it is not a static, but a fluid relationship, needing constant adaptability, sympathy and courage to make it and keep it as it should be. Unless the approach to it includes a consideration of its spiritual aspects it is not likely to be a very satisfactory affair. If the marriage relationship is right, it will go a very long way towards preventing misfits in that generation, and in the next; for fundamentally, although, as I have indicated, there are other causes, the most potent and most widespread are those that live in the very structure of the family circle itself.

The next set of preventive measures lies mainly in the educational field; and I will go so far as to say I think they are primarily matters for the educational psychologist rather than for the doctor or psychiatrist. Group testing at appropriate ages will reveal those who are poorly endowed or have special disabilities. Some will benefit by special educational measures, some will need psychiatric or other medical attention. But all this group should be retested individually at intervals and those who, despite special tuition, do not come up to a level that will enable them to stand on their feet in competition with their fellows should not be allowed to drift merely because they have reached school-leaving age. Perhaps the most difficult of all tasks for the educational psychologist is to select and guide that small top fifth percentile of brilliant, gifted pupils as they approach school leaving age; and it is a matter for wider educational activities than his to see that too much accent is not laid on intellectual prowess, and that the foundations of proper character-training and the capacity to deal with people are laid no less surely than are fostered and evoked the exam-passing aptitudes. It is here I think that the recommendations of the Fleming Committee are likely to achieve their greatest value. But in any case, some kind of liaison between schools and the Ministry of Labour or employing authorities—an extension of that which exists at present—with a view to occupational guidance, is imperative; and I should like to see properly organized selection procedures throughout industry, commerce and professional life.

As for the child who is already something of a misfit in an incompetently managed or unhappy home, I am sure that although something can be done by psychotherapy and social service for some such children and their parents, its value is pretty limited; and there is in my experience a hard core

of such cases for whom the only real hope is a boarding school. I do not mean a special residential school, for although such places are of considerable value, they are more suited to the backward, the handicapped or the grossly mal-adjusted child who needs special tuition as well as removal from his customary environment, than to the kind of case I am thinking of, which is the inherently normal child who is being persistently badly brought up. One sees him in the more fortunate classes of society, as well as the more humble, and every-one is familiar with the awkward difficult boy, or the flouncing, sulky girl who is improved out of all recognition after two or three terms at a good school. They even manage eventually, to get on quite amicably with the most difficult and stupid of parents in the holidays and in the end become "good types"; but left at home, a good many of them become real and irremediable misfits in later life—they never learn to behave and are always selfish, they never make good parents, and so it goes on. I should like to see similar facilities afforded to similar children from more humble homes. They should not be sent to special residential schools, which try as one may to avoid it, do carry with them an aura of abnormality faintly comparable with that of a mental hospital, and they have the peculiar distinction of not having any regular holiday periods. I should like to see ordinary boarding schools set up for these children, fundamentally similar in their aims of character training to the public schools but attuning their cultural standards to something that does not differ too sharply from the accepted cultural standards of the homes from which the children come and the way of living to which they will eventually go. An important factor in many misfits is that they lack proper character training and so are handicapped in dealing with ill-fitting occupational or domestic situations that they may encounter later. If their homes are unsatisfactory, I know of no way they can get sound character training except at a good boarding school; and their removal to such an establishment sometimes has a most salutary effect upon exhausted, apparently irresponsible and inefficient parents.

All these people then, the parent, the teacher, the educational psychologist, the family doctor, the psychiatrist, the industrialist, various ministries and the legislature itself, have something to contribute to the prevention of misfits; none has an exclusive lien upon this work, and all must play their parts. I have ventured to give only an individual psychiatrist's point of view of their respective roles without in any way implying that all this work is primarily a psychiatrist's business—only some of it, in some cases.

I have left till last what is I think, one of the most important, yet one of the least discussed aspects of the whole matter. I refer to the effort that the individual himself can and should make to adapt himself to his environment and to people, but seldom does, mainly I think, because he is not

taught to do so and because there is little in the peacetime social evolution of the present century that is designed to evoke a sense of personal responsibility, and much that leads to a demand for rights and benefits with little reference to the need for a corresponding in-put of duties and obligations. But most people have an inherent sense of fair play, and in the end if they are properly guided it becomes dominant in their way of living, so there is no need for despair. The material is there if we can only evoke it. In healthy people this is ultimately a matter of self-examination and of

conscience; it cannot be considered in its entirety only on a materialistic economic plane; it is inseparable from fundamental conceptions of right and wrong. And somehow it seems from the evidence, that the churches—whose part in this is surely obvious—and the people, have got pretty far apart in many ways. It is not for me to intrude upon their ground; but that the churches have a part to play, and in my view an indispensable one, in the interpersonal relationships of people and so in the prevention of misfits there can be no possible doubt.

A Mental Health Exhibition

By M. W. HAMILTON

Regional Organizer (Region 2), National Association for Mental Health

How can you best present a Mental Health Exhibition?

This difficult question is yet to be answered, but the Leeds Public Health Department made an interesting move in this direction with their Mental Health Fortnight, held last June in central premises, occupied by the Central Council for Health Education. During previous fortnights, various aspects of Public Health, for example Maternity and Child Welfare, Food, Care of Eyes and Teeth, etc. had been on show.

One main window of a shop and two side ones needed to be filled in some way and inside one long Display Board and three small alcoves. Downstairs there was a small cinema.

This was the framework within which we had to work, but otherwise we had a free hand. We did not know of anything in the way of recent precedent, so the Public Health Department along with the National Association for Mental Health, and the University Department of Psychiatry, had to plan from their own ingenuity. Preliminary discussions revealed how short we were of anything that could be called "show material," and in view of limited funds how difficult it was to translate ideas into effective visual shape in this particular field.

In the end it was decided to concentrate on the Mental Health of Childhood as the subject for the main window, with a series of supporting photographs inside, reserving the side-windows and the three interior bays for displaying the rugs, toys, etc., made by the patients at the local Mental Deficiency Colony and the Mental Hospital. There were also inside, a series of photographs illustrating life in the Colony under the heading "Training the Mentally Handicapped". Two posters showing the incidence of neurosis in ill-health generally and

the incidence of morbid mental states in the population at large, with two posters from the Bureau of Current Affairs having a bearing on overcrowding in cities and on neighbourliness, completed the wall display. By the door was a notice stating that in any question of Mental Health the following could be consulted: The Doctor, The Leeds Mental Health Services, The University Department of Psychiatry, and the Regional office of the National Association for Mental Health (addresses given).

The arrangement of the main window proved rather a teaser. We would have liked something in dramatic model form to catch the eye, but the question was what? In the end, we had to content ourselves with an arrangement of posters mounted on supports, at three levels, the first two from the N.A.M.H. series, "My Goodness what patience Mothers need"; the second two specially drawn for the show—"Children's awkward Questions" and "How do you appear to your Child?"—and the third series, a painted frieze of children running and playing, which acted as a backcloth, notices as to the Cinema Show, and times of opening, and the series of Parent Guidance booklets published by the N.A.M.H. completed the frame. The contents of the window were covered by the slogan—"Mental Health begins at Home".

Inside, this idea was carried a little further by a series of photographs showing the individual child at various stages from birth, in the Nursery School Group, and in adolescence; these had suitable captions, and the theme was that "For a good start he needs breast-feeding, and to move, see, do and eat in his own time and his own way, in an atmosphere of affection and security". This covered the first series of photographs. The second suggested the theme that "through his play in the nursery group the child learned his social

skills and his mind grew". The third series suggested the need for creative and physical outlet for the adolescent, and in between was inserted a small group of photographs illustrating treatment in a Child Guidance Clinic. This, with a small table for the display of literature together with the objects made by the Colony and Hospital patients, completed the show.

The three films chosen finally out of a rather small available range and shown at hourly intervals were: "The Children of the City," "Your Children and You," and "Fear and Peter Brown."*

How successful were we? 1,500 people attended, a very great number more halted outside. The literature sold freely, and the photographs obviously interested and amused the majority, who were also surprised and somewhat envious of the high standard of craft shown by the exhibits from patients. From what comments we could hear, the cinema was found interesting, though in the phrase of one visitor (an ex-foreman engineer), "It's a bit airy-fairy—you University people don't know much about what's what!"

It was felt by all of us that the adult aspect of

mental health was of necessity rather poorly served, as finding suitable material for this had defeated us, and it will remain one of the problems to tackle next time. We also learned that there is need for more emphatic and more colourful presentation if the points are really to be punched home.

Finally the old truth was again exemplified—that money is the important factor, and that given adequate funds, really exciting prospects are opened up (payment of artists, suitable models, premises, etc.).

One or two additional points for the future seem to be that it is advisable to have present throughout the time of exhibition someone who is well acquainted with mental health problems; another that there is perhaps scope for a mobile exhibition, which could visit various parts of the town, or the rural areas as well; and lastly, there seem indications that there was scope for a Central Health Exhibition on a much larger scale, where the different aspects of health could all be shown at the same time.

• WINTER CONFERENCE ON MENTAL HEALTH

The National Association is arranging to hold a Conference on Mental Health at Seymour Hall, Seymour Place, London, W.1, on Thursday and Friday, January 15th and 16th, 1948.

The Conference will be addressed by Mr. L. John Edwards, O.B.E., M.P., Parliamentary Secretary to the Ministry of Health.

The programme will be as follows:

Thursday, January 15th

Morning: "Re-adaptation to Life and Work of Persons who have suffered from Nervous or Mental Disorders."

Afternoon: (a) "Methods of handling Difficult Children in Primary and Post-Primary Schools, as required under the Education Act, 1944."

(b) "The Selection and Training of Staffs for Boarding Homes for Difficult Children."

Friday, January 16th

Morning: "The Responsibilities of Local Authorities in relation to Mental Health and the National Health Service Act, 1946."

Afternoon: "Education for Mental Health as a National and International Responsibility."

Speakers will include: Dr. G. R. Hargreaves, Dr. Donald Stewart, Miss E. M. Bartlett, Miss Clare Britton, Dr. Kenneth Soddy, Dr. Doris Odlum, Brigadier A. Torrie, M.B., D.P.M., and Dr. J. R. Rees.

The Sessional Chairmen will be: The Rt. Hon. R. A. Butler, M.P., The Earl of Feversham, Prof. Sir Cyril Burt and Dr. W. Rees-Thomas (Senior Commissioner, Board of Control).

The Conference is supported by the relevant Government Ministries of the United Kingdom and Northern Ireland, and sanction is given to the payment of the expenses of delegates of Local Authorities appointed to attend the Conference.

The Conference fee, including the subsequent printed report of the proceedings, is £1 5s. (£1 1s. for Full Members of the National Association for Mental Health), or £1 1s. with the report (£1s. 6d. for Full Members of the National Association for Mental Health). Sessional tickets 6s. each. Applications for tickets and all correspondence relating to the Conference should be addressed to: The Conference Secretary, National Association for Mental Health, 39 Queen Anne Street, London, W.1.

It should be noted that this Conference must not be confused with the World Congress on Mental Health to be held in London in August, 1948, and to which reference is made on page 49 of this issue.

* Produced some years ago by the Central Council for Health Education in co-operation with the National Council for Mental Hygiene.

News and Notes

National Association for Mental Health Autumn Courses Refresher Course for Medical Officers

If the demand is sufficient, it is proposed to hold a Refresher Course for Medical Officers who attended one of the Association's Courses on Mental Deficiency (run in conjunction with the University of London) before the changes brought about by the Education Act, 1944, and other recent legislation.

The Course will include lectures on the practical application of the sections of the Education Act dealing with educationally subnormal children, the administration of the Mental Health Services as it affects School Medical Officers, certain new provisions for mentally handicapped children, recent developments in child guidance, the problem of children with double defects, and the special problems connected with children under the age of five. It is also hoped to arrange one or two visits of observation.

The dates selected for the Course are from December 1st to 6th, 1947 and the inclusive cost will be £4 4s.

For Superintendents and Matrons of Children's Homes

A Course of Lectures and Discussions on problems relating to the residential care of children deprived of normal home life is being held at 39 Queen Anne Street from Monday, November 3rd, to Friday, November 28th.

The Course includes the following subjects: Emotional Development of Children from Birth to Adolescence; Physical Care of Children; Organization of a Children's Community; Play and Recreational Activities; Work of a Child Guidance Clinic; Juvenile Delinquency; Intellectual Development of Children; Boarding Out, After-Care and Employment; Personal Relationships Inside and Outside the Home.

The lectures are being given by specialists on the various subjects and Informal Group Discussions are arranged by the Tutor of the Course, Miss Clare Britton.

For Health Visitors and Nursery Workers

A Course of Eight Lectures by Miss Ruth Thomas, is being given at 39 Queen Anne Street, on Wednesday evenings.

The Course is exclusively for students who have attended previous Courses organized by the Association, and deals with the normal development of the child from seven to eleven.

Maurice Craig Memorial

Friends and colleagues of the late Sir Maurice Craig, C.B.E., M.D., F.R.C.P., will be glad to learn that by arrangement with the Trustees of the Memorial Fund established some years ago by an independent Appeal Committee, the present, and any future premises housing the National Association for Mental Health will be named "Maurice Craig House", and the funds collected will be utilized for the promotion of the Association's activities.

The original intention of the Appeal Committee was that the sums received, as the result of their appeal, should be entrusted to the National Council for Mental Hygiene (of which body Sir Maurice Craig was a co-founder with Dr. Helen Boyle and was for many years Chairman) for the furtherance of its work and to help to found a "Maurice Craig House". It was felt that

such a centre would greatly assist in co-ordinating the work of all voluntary bodies in the country dealing with mental health and the prevention of nervous and mental disorders, and also provide a meeting and training centre as well as a headquarters for enquiry and information.

The work of the Feversham Committee (set up by the Central Association for Mental Welfare, the Child Guidance Council and the National Council for Mental Hygiene) in regard to its enquiry into the voluntary mental health services of the country, which began not long after Sir Maurice Craig's death in 1935, decided the Appeal Committee to postpone the transfer of the Fund to the National Council for Mental Hygiene until the Committee's report and recommendations were made known. This report was published in July, 1939, and, as is generally known, one of its main recommendations was that "a new central voluntary body be set up for England and Wales to co-ordinate the activities of the voluntary mental health organizations in the country". Such a development was clearly in line with the aspirations of the Appeal Committee, and as subsequently the Central Association for Mental Health, the Child Guidance Council and the National Council for Mental Hygiene proceeded to implement the recommendation, the Appeal Committee appointed Trustees to hold the Fund in trust until such time as the amalgamation of the three bodies concerned took place. This, as is known, was effected in November, 1946, when the National Association for Mental Health was formed.

A bronze plaque naming the Association's premises "Maurice Craig House" is being placed at 39 Queen Anne Street, W.1. It will, we are sure, give wide satisfaction that notwithstanding the inevitable delays, it has now been possible to found a permanent memorial to a distinguished psychiatrist of international reputation who was a pioneer in the treatment of nervous and mental illnesses and contributed valuable knowledge to their early diagnosis and prevention. He endeared himself to many by his humane outlook and understanding sympathy and his life was one of consistent personal service.

The Problem Girl

This recent report by a Joint Committee of the British Medical Association and the Magistrates Association* should be of great interest to all who are attempting to deal with unstable girls. The recommendations take into account the basic emotional factors which must be considered in the constructive treatment of such cases, and touch also on the preventive and after-care aspects of the problem.

The girls under consideration are mainly those between the ages of 13 and 17 who appear before the court either for stealing or being "beyond control", or who are in moral danger or in need of care and protection. It is interesting to learn that although a very small minority can be said to be mentally defective, quite a large number come into the low average and dull group.

In the words of the report "existing methods of handling these girls are often likely to exacerbate rather than

* Obtainable from B.M.A. House, Tavistock Square, W.C.1. Price 3d.

improve their tendency to misconduct." Usually "the girl's misbehaviour is the result of interaction between temperament and environment, but always at the root there is some defect of character structure that is the real cause of her difficulty."

The methods of dealing with these girls as recommended in the Report are: (1) a fuller recognition of the general nature and causes of their misbehaviour and of the objects of treatment; (2) more facilities and skilled staff for investigation and treatment of individual cases; (3) more clinics and institutions for the purpose of treatment and control.

The statement that the psychiatric approach is the only constructive one is undoubtedly true, but it is hoped that this will be interpreted in the broadest sense with particular reference to the emotional needs of the young child, and not merely the provision of psychiatrists to treat girls who have already become delinquent.

After the Curtis Report

Important developments have recently taken place following on the recommendations made in the Curtis Report.

Training Courses

A Central Training Council in Child Care has been appointed by the Home Office to organize Courses and to select candidates for training in work for deprived children. Two Courses have been instituted—for (a) Boarding Out Officers and (b) House Mothers (or equivalent male staff), for which applications were invited in August.

The Boarding Out Officers' Courses are being held in connection with four Universities—London (School of Economics), Leeds, Liverpool and Cardiff. They will last twelve months and the practical training will include residential experience in Children's Homes. The satisfactory completion of the Course will be recognized as a qualification for this branch of social service. Candidates should be between 21 and 40, and should be graduates of a University, or holders of a Social Science Health Visitors' or Teachers' certificate, and should preferably have experience of work with children or general social work.

The Courses for House Mothers will last 14 months, of which six months will be devoted mainly to theoretical work although the whole period will be spent in selected Children's Homes. The first two months will be regarded as a test period in which the student's suitability for the work will be assessed. Candidates should be between the ages of 18 and 35 (in the case of men, 25 to 35), of good education and preferably with experience of work with children. The Courses will be held in London, Manchester, Birmingham and Cardiff.

For both these Courses grants are available, designed to cover fees, maintenance, travelling and incidental expenses.

Children's Committees

In a Home Office Circular issued on September 1st, it is suggested that Local Authorities—in advance of legislation on the subject—should now proceed to consider the appointment of Children's Committees to deal with the care of deprived children in all its branches, consisting of members experienced in the work of Education, Public Health and Public Assistance Committees, with specially selected co-opted members, including representatives of appropriate voluntary organizations concerned with children's welfare.

Authorities are further urged to appoint a Children's Officer, who should be a person of high professional standing, to act as "the pivot of the local authority's organization" for dealing with deprived children. Under her there should be a staff of Boarding-Out Officers to each of whom a group of children would be allocated.

The speed with which official action has been taken to implement some of the more urgent recommendations of the Curtis Report is eminently satisfactory, and we confidently hope that the mental health aspects of the problem on which stress was there laid, will receive due attention in the measures now decided upon.

Concerning Handicapped Children

We are glad to be able to record that children excluded from school by reason of mental defect who are not attending an Occupation Centre are now entitled to benefit by the "Milk in Schools" scheme which allows 7 pints per week. This concession also applies to other types of handicapped children unable to attend school. Particulars may be obtained from Local Food Offices.

In a recent statement it was disclosed that during 1946, the number of children reported by Education Authorities to Mental Deficiency Committees under Section 57 of the Education Act as being incapable of receiving education at school or in need of supervision on leaving school, was 4,209. The comparable figure in 1945 was 3,276.

The Medical Branch of the Ministry of Education is in future to be known as the Special Services Branch. This Branch deals with Special Educational Treatment, the School Health Service and School Meals. Its address continues to be 15 Chesham Place, London, S.W.1.

The recent retirement of Mr. N. D. Bosworth Smith, for so many years in charge of the Medical Branch, is an event which cannot be allowed to pass un-noted by those in the Mental Health field who have been concerned with the welfare of the Special School child. To the Central Association for Mental Welfare, he was a friend whose services and advice could always be enlisted and his deep human concern for handicapped children was far removed from the cold official approach of an impersonal "Civil Servant". It is good to know that in his retirement these children will still be his concern, and the fact that he has agreed to represent the Ministry of Education on the British Association for the Welfare of Spastics and to serve as a co-opted member of the Council of the National Association for Mental Health, is an indication of his continuing ability to help in promoting efforts on their behalf.

In 1944, the Ministry of Education published the first List of Boarding Special Schools and Homes for Handicapped Pupils issued since 1939. This showed that there were three Boarding Schools recognized for Maladjusted Pupils and seven Boarding Homes. A recent amendment to the List adds two Schools and six Homes. The Ministry confidently expects that the sum total of the Development Plans under preparation by Education Authorities will be such as to ensure adequate boarding school provision for all types of handicapped pupils,* but meanwhile the search for vacancies must continue and the plight of the greater number of maladjusted children—of whose needs Authorities are more acutely aware than at any previous time—must remain unchanged.

* Vide "Education", June 27th, 1947.

Boarding Home for Young Maladjusted Children

The Home at Pewsey administered by the National Association for Mental Health since 1942, has recently been transferred to new premises at The Hill, Pilgrims Way, Westerham, Kent. The Home has been approved by the Ministry of Education for 24 maladjusted children between the ages of 2 and 7, but ordinarily children are not admitted over the age of 4½.

Candidates from the Home Counties are given preference in order that good contact may be maintained between the children and their families, and between the families and the National Association's workers. For application forms, apply to 39 Queen Anne Street, W.1.

An Experiment in Portsmouth

The Portsmouth Mental Treatment Committee is carrying on an interesting experiment in provision for seriously maladjusted children by reserving for them a villa in the grounds of the Mental Hospital (St. James's) with accommodation for 25 patients. At the end of the year 1946, the Committee's Report states, there were in this Villa 25 children, of whom two were classified as psychotics, and the rest as maladjusted. All were admitted under Section I of the Mental Treatment Act, but by arrangement with the Chief Education Officer, eight attended ordinary classes at local schools. Measured by the happiness of the children, the experiment is considered to be unexpectedly successful, and it is being extended by the opening of another house, where in-patient treatment can be provided for 20 additional cases.

The National Association's Holiday Homes

The Old Vicarage, Bognor Regis—this year re-opened by the N.A.M.H. as a Holiday Home for defectives and mental hospital patients—has been full to capacity throughout the whole season. A total number of 520 defectives have been received, 334 for a fortnight and 186 for a week, coming in parties of 30 at a time with their own supervisory staff. The happiness of the guests who have benefited from the facilities offered by the Home, leaves no doubt as to the need that exists, and we are glad to be able to record that in 1948, a second Home—Bod Donwen, Rhyl, North Wales—will be freed for holidays.

Authorities wishing to book vacant dates for next season in either of these Homes, for parties from Mental Hospitals, Mental Deficiency Institutions or Occupation Centres, are invited to apply as soon as possible, to the Homes and Hostels Department, National Association for Mental Health.

Psychotherapy in Prison

In recent Reports of the Prisoner Commissioners,* some interesting information is given as to the arrangements made for psychological treatment of prisoners during the serving of their sentences.

In February, 1943, the Psychiatric Unit at Wormwood Scrubbs, closed during the War, was re-opened under the direction of Dr. H. T. P. Young, Dr. H. K. Snell and Dr. J. C. Mackworth (part-time). In April, 1944, Dr. Jean Durrant was appointed as psychiatrist at Holloway Prison.

To Wormwood Scrubbs are transferred prisoners from other prisons who are considered to be suitable cases for treatment. Further experience has borne out the findings of Dr. Norwood East and Dr. Hubert published in 1939, as to cases which must be excluded, viz.: (a) those who are certifiable under the Lunacy or Mental Deficiency Acts; (b) those with an intelligence too low to enable them to co-operate (e.g. below an I.Q. of 85); (c) those suffering from permanent organic cerebral changes; (d) chronic psychopaths or early psychotics; (e) those showing excessive resentment or undue resignation at their conviction or sentence (f) those whose attitude suggests ulterior motives in seeking treatment. In addition to these reasons it has been found inadvisable to attempt to treat prisoners serving sentences of less than six months or who are above 35 years of age.

In 1945, 58 cases were reported for psychiatric investigation of which 5 were considered unsuitable for treatment. In addition, 13 others were undergoing treatment begun during the previous year. Of these 66 patients, 7 were still being treated at the time of reporting, 22 had been discharged as improved or relieved, and the remaining 37 had been found to be unsuitable for treatment. A number of cases were examined by electro-encephalography by arrangement with Sutton Emergency Hospital and the National Hospital for Nervous Diseases, and the importance of this means of investigation has become increasingly apparent.

At the 1945 Conference of Prison Medical Officers, the subject of Psychotherapy was given the most prominent place on the agenda. The result of the discussion showed the urgent need for a separate establishment for the study and treatment of psychologically abnormal prisoners, but unfortunately no hope exists that such a project can be carried out under present conditions.

New Agricultural Hostels for Defectives

In October the National Association opened two more Agricultural Hostels at the request of the East Riding (Yorks) Agricultural Executive Committee—one at Keyingham the other at Patrington, both near Hull. The Hostels will provide much needed labour for a wheat growing area, and between them will accommodate 55 men.

Application forms may be obtained from the offices of the National Association, 39 Queen Anne Street, W.1.

The Cinema and Mental Health

Few would dispute that the cinema is becoming one of the most important influences in the modern world. Within the past year or two, it has been noticeable that stories with a psychological basis have proved to be among some of the most popular with film-goers. With this in mind, the National Association for Mental Health has recently formed a Film Visiting Committee whose function it is to view and report on films with a predominantly psychological approach, to consider the effect of these on children and adults and the mental health aspects of films for children and adults. It is felt that a Committee of this kind could give valuable technical guidance and help in relation to producing, and also in avoiding inaccurate presentations which would tend to vulgarize psychology and give the public a false idea of its possibilities.

* Reports of Commissioners of Prisons and Directors of Convict Prisons for the years 1942-4 and for the year 1945. H.M. Stationery Office, 2s. 6d. and 2s.

The work of this Committee is as yet in a very exploratory stage, and its membership is being extended in order to bring in, as far as possible, all the interests involved.

On the recommendation of the Committee we are starting a Film Review column in *MENTAL HEALTH* which we feel will be of interest to our readers and stimulate discussion. Comments on two recent films which have now been generally released, have been provided by one of the members of the Film Visiting Committee and will be found on page 55 of this issue.

Family Relations Group

This Group recently established under the chairmanship of Lord Horder, with Mr. Cyril Bibby, as Hon. Secretary, is holding a Conference on "Education for Family Life" to take place at King's College, London, on January 5th and 6th, 1948. The following subjects will be dealt with: "The Home Influence"; "The Formal Education System"; "Informal Education" and "General Community Influences". Particulars may be obtained from the offices of the Group, 69 Eccleston Square, London, S.W.1.

As an outcome of the International Congress on the Family and on Population held in Paris in June, the decision was made to set up an International Union of Family Organizations and a provisional committee, with a Swiss delegate as provisional president, was appointed. This move, whether or not it is ultimately successful, marks a world wide interest in problems of family life and a world wide conviction of the basic importance of the family in the education of the individual.

Art in a Mental Hospital

During the summer, there was held at St. Albans (Herts) an Exhibition of Paintings by patients under treatment at Hill End Mental Hospital, which attracted a considerable amount of public interest, and won high praise from Mr. Adrian Hill who is a pioneer in the introduction of art classes into hospitals and sanatoria.

At the opening of the Exhibition, Dr. W. J. T. Kimber, Medical Superintendent of the Hospital, explained that the classes had been started in order to provide creative work which would help the patients towards recovery

by giving them a new insight into the beauty of life around them, and the experiment had abundantly justified itself. Astonishing results have been achieved by patients (most of them only under treatment for a few months) who had no idea they could paint, and who will now leave hospital permanently enriched by the discovery.

It should be noted that the paintings are not looked upon by the hospital medical staff as providing material for psychological analysis. The approach is essentially from the point of view of creative art and care is taken to ensure that this is realised by the patients concerned.

Adult Education for Mental Hospital Patients

The Mental Hospitals Committee of the London County Council in conjunction with the British Institute for Adult Education are appointing an Organizer to institute for Mental Hospital patients, cultural activities such as talks and discussion groups, groups for music, drama and art, and other enterprises designed to help in intellectual rehabilitation.

This is a development of a tentative experiment at St. Ebba's Hospital, Epsom, shortly before the war, to test possibilities, and it is as an experiment that the work will be re-introduced, being limited, in the first instance, to the Council's Hospitals at Epsom, Banstead and Cane Hill.

The Organizer appointed will be directly employed by the British Institute for Adult Education for the purpose, of the experimental period, while the L.C.C. will bear the major share of the expense involved.

Convalescent Home for Epileptics

The National Association's projected Home at Fairwarp, Sussex, will not be available, owing to unavoidable delays, for the reception of convalescent epileptics, until the spring of 1948. A Matron has, however, already been appointed who will take up her duties in January to make the necessary preparations.

Meanwhile, arrangements are being made to accommodate a few selected cases at The Old Vicarage, Bognor Regis, during the winter months. Applications can now be received by the National Association, 39 Queen Anne Street, W.1.

Ready Shortly

SOME LESSONS IN WAR-TIME PSYCHIATRY

by

KENNETH SODDY, M.D., D.P.M.

Medical Director, National Association for Mental Health

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Reprint of articles published in *MENTAL HEALTH*

Orders can now be received.

International Congress on Mental Health, London, August 11th to 21st, 1948

As reported in previous issues of *MENTAL HEALTH*, arrangements are being made to hold, under the auspices of the National Association for Mental Health and in co-operation with the International Committee for Mental Hygiene, an International Congress on Mental Health in London in August, 1948. The dates originally fixed were August 12th to 21st, but the Committees responsible for the Child Psychiatry and Medical Psychotherapy Conferences (within the framework of the Congress) have decided that an additional session will be necessary for their discussions, and the opening date of the Congress has therefore been advanced by one day, i.e., to August 11th. This will be the third World Congress on Mental Health under the aegis of the International Committee for Mental Hygiene—the first took place in Washington in 1930 and the second in Paris in 1937.

A number of Committees have been appointed and are actively engaged in dealing with the detailed and far-reaching plans necessary for a Congress of this international character. Dr. J. R. Rees, C.B.E., Chairman of the Organizing Committee and also President of the International Committee for Mental Hygiene, has been elected President of the Congress, an appointment which we feel will be universally welcomed.

For the first time since the war, representatives of many nations will be meeting in London in 1948 to exchange facts and ideas about mental health.

The Congress is to be run along unusual lines. It will depend for its success upon the thoughtfulness and active participation beforehand of members of many professions and students of many sciences. For the meetings will not consist of listening to and discussing the learned papers of clinicians on the diagnosis and treatment of mental illness. Instead, those who hope to attend the Congress are being asked now to consider such questions as what they mean by health of the mind, in what kinds of society and by what means mental balance and vigour may be created and fostered. Clearly, this involves the assembly of knowledge from many different sciences and of wisdom from many different professions.

Those who are organizing the Congress believe that little progress of a fundamental kind can be made either in the well being of individuals or in the essential relationships between groups, until there is much more effective understanding and willingness to work together, on the part of those who study or treat human beings. This kind of communication needs practice. The experiment is therefore being tried of encouraging the formation of discussion groups or preparatory commissions each representing various sciences and professions—for example, psychology, anthropology, psychiatry, social work, sociology and education. Each small

group in many different countries will work on some aspect of the programme. The results of their labours will then be brought together at headquarters in London, and will be used for discussion at the Congress. In this way it is hoped that the best thinking upon these important subjects will come in from all over the world.

The countries of Europe are still suffering from the intellectual isolation brought about by war. The Congress is eagerly awaited as an opportunity for discovering and discussing advances in knowledge and skill.

Important new responsibilities may be added to the International Congress if, as we have been led to believe, it becomes a recognized source of information and guidance for the World Health Organization of the United Nations.

Preparatory Commissions are already at work in this country. Outlines of the topics falling within the main subjects of the Congress on mental hygiene have been drawn up by the Central Commissions in London, and have been published in the monthly Bulletins 1-3. Those responsible for these Commissions are most anxious for comments upon their outlines or for contributions on any topics suggested.

The time for really valuable international exchange will be too short unless discussion groups get to work at once.

It is hoped that other Preparatory Commissions along the lines suggested will be started as soon as possible. It is most important that individuals or professional associations interested in membership of such groups should write at once to the Programme Secretary, International Congress on Mental Health, 19 Manchester Street, London, W.1.

Important Notice. We are asked to state that a number of members of the National Association for Mental Health, who were circulated early in May with the booklet giving particulars of the preliminary arrangements for the Congress, have so far not completed and sent in the enclosed application form. Members are reminded that, while the completion of this form does not bind them to attendance at the Congress, it is essential that those who are interested should send in their names without delay in order that they may be kept informed of developments and also that the Organizers will be in a position to decide upon the approximate allocation of tickets. As will be readily understood, for a World Congress of this magnitude the allocation will necessarily have to be strictly limited as between the various countries. Further copies of the booklet and application form may be obtained from The Organizer, International Congress on Mental Health, 19 Manchester Street, London, W.1.

Reviews

Group Psycho Therapy—Theory and Practice. By J. W. Klapman, M.D. Heineman. 21s.

Emotional disorders have been well described as disturbed adjustments of internal relations to external relations. In their treatment, much consideration has been given to the internal life of the individual, and the science of psycho-pathology making huge strides towards an understanding of the complex life of the internal world has provided important pointers for basic individual therapy. It has, of course, long been recognized that manipulation of the external environment to suit the particular needs and limitations of an individual may also be an effective step in therapy, but modification of the material environment can rarely be effective enough, for the external world is a world not only of things, but of people and, in the world of feeling, it is the people who matter most. Relations to people cannot be modified on demand; they are not one-way but are inter-reactive, not simple but complex, not fixed but dynamic, and fruitful now of great rewards but then of painful frustrations.

The study and treatment of inter-personal relations are, therefore, proper activities for those concerned with emotional disorders in the individual and it is not strange that in recent years, with the growth of the regard for man as a social creature, therapy of groups or, a different thing, of individuals in groups, has been attempted.

Workers with groups are agreed that difficulties abound and that much experiment is needed to answer even the most elementary questions. What is a group? How many people should make up a group? What kind of problems respond to group treatment? Is mass therapy effective group therapy? Is the aim, treatment of the individual by the group, or of the group by one or all participants, or of the group by the group? What is the role of the group therapist? What procedures are useful in group therapy? What is known of the dynamics of group formation and activity?

This book is less concerned with the delineation of a theory and the description of a practice than with an uncritical survey of some current theories and practices considered to be relevant to group psycho-therapy. It is, therefore, unprovocative and unchallenging and also unpatterned.

Because of the stress on description and review rather than elucidation and definition, group therapy is given the vaguest terms of reference and one is left to believe that any earnest attempt at therapy of more than one patient at a time may be dignified by the term. A crowd, a number of individuals listening to a lecture, an association of people met for a common function—any, or all of these by the author's standards can be a group. Procedure can be empiric, or rational, analytic, didactic, pedagogic, hortative, but it is apparently psycho-therapy "so long as it restores a desirable (sic) state of intrapsychic equilibrium". The book must disappoint those seeking knowledge of the dynamics of group behaviour and a rational science of group therapy. It is a further disappointment that the reader is asked to accept the most questionable *a priori* statements as basic material for working hypotheses and to view group behaviour and individual illness in the light of concepts which, to say the least, are suspiciously like personal beliefs.

The book appears to have been written for psychiatric

"hill-billies" and contains a good short American isolationist history of group therapy. There are useful short accounts of the practices of Marsh, Schilder, Wender, Slavson, Redl, Moreno, Lazell and some others, but the reader may be astonished in the second chapter by the short anthropological survey of the origins of social needs. After an account of invertebrates emerging from primaeval slime, it tells of apes "subsisting on tender shoots, nuts and fruits, although not above sucking the eggs found in nests and, on occasions, catching some small bird or lizard" whereas the homonidae went on to carnivorous life on the ground. Thereafter male competition for females is said to have produced sexual taboos and it is quickly concluded that early social organization occurred round a patriarch. This speciosity paves the way for a closed mind on group formations which the author regards as dependent on early mechanisms and for further beliefs that the group therapist must occupy an archaic, immature central position, that his role is that of leader and that the relations to him can be properly described as "transference".

In his easy use of psycho-pathological terms, the author is of course following the practice of some group therapists but his wisdom may be doubted. It is true that the mental mechanisms of individuals in the group are sometimes apparent but it is massively assumptive to describe complex group phenomena by unmodified terms borrowed from the study of individual psycho-pathology.

Groups are not individuals. Group hostility is something more than "resistance", something more than the sum of individual transference-relationships to the therapist, and surely involves, as do all group phenomena, something of the complex of interpersonal relations between members. In group therapy, a knowledge of individual psycho-pathology is a *sine qua non* but, like patriotism, is not enough. Perhaps the dangers of thinking by analogy and using second-hand terms give warning enough that for a full regarding of group events we are in great need of fresh concepts, clear vision and, as important, a new descriptive language.

The author has not yet attempted a study of group behaviour; rather, as his case histories show, he seems to be interested in the individual and effect of the group only insofar as it affects individual treatment. He does not attempt to analyse and treat relations within the group but is concerned mainly with the mass application of therapy, treatment by the therapist of a number of individuals collected together for convenience. Group discussions are well described. Spontaneity is not allowed to shape them and patients are encouraged to discuss in order that the therapist may seize further openings for individual therapy. Treatment is, therefore, by the therapist of the individual set in a group rather than of the individual by the social forces within the group.

Several procedures are held to be helpful. A course of lectures on physiology of the nervous system or on mental illness (such as a P.S.W. has experienced) is held to be therapeutic "affective re-education". Class discussion of a case history by other patients is recommended and class dissemination and discussion of the principles of mental hygiene is regarded as valuable; for the author has a vigorous acceptance of the value of effecting emotional release by intellectual channels.

Now didacticism and pedagogy are well known to have far-reaching effects, and collective explanation and persuasion is surely a useful procedure; class discussions have an educative and socially liberating effect and have behind them authority of centuries of human practice; and the account of their use in psychiatric practice is interesting and informative; but it would be unnecessarily disappointing if group psycho-therapy could offer nothing more. The term Group psycho-therapy is too vague. It may mean psycho-therapy (and that has meanings enough!) in, of, by, or through groups. All these possibilities have some value but this book is concerned only with the first.

T.F.M.

Psychology of Women. Vol. II. Motherhood. By Helen Deutsch, M.D. William Heinemann Ltd. London. 25s.

This book is the logical successor of Vol I, which dealt with the psychology of girlhood; although it is better read in conjunction with the previous volume, it is a separate and self-contained work of considerable value. Like the previous book, it deals mainly with the psychology of normality, though many instances of abnormal reaction are also described by way of illustration.

Dr. Deutsch's views are based throughout on psycho-analytical technique and are fundamentally of the Freudian school. Where, however, the author has formed her own opinions at variance with established views, she does not hesitate to describe them, with full arguments as to their validity. In general she supports her opinions convincingly, and it is clear that they are based on a very extensive experience and careful thought. Nor is her experience restricted to clinical work, for she makes full use of sociological, literary and anthropological approaches. The danger that such an approach may lead to pseudo-philosophical rather than to logical scientific thinking is not entirely avoided in this book, but the results undoubtedly gain by this integration into the wide social framework.

The psychological aspects of motherhood in its widest possible sense are considered in detail, from the period of conception through the various phases of pregnancy and labour to a final consideration of the mother-child relationship. Such a method results in some repetition, but this failing is not so marked as in the author's previous volume. There are additional—and valuable—chapters on the psychological aspects of adoption, illegitimacy and the stepmother relationship. It is unfortunate that the menopause is dealt with only relatively superficially in a final chapter. The essential importance of this difficult period is stressed, but a more detailed approach would have been valuable.

Dr. Deutsch's views on sterility and abortion are especially interesting; without minimising the importance of physical and endocrine factors, they indicate the immense importance of the psychological side to the clinical and sociological aspects of these problems. These sections in particular could be read with great advantage by many obstetricians. It is doubtful if the author's views on the misuse of anaesthesia in childbirth will meet with general approval, but her opinions are stimulating and clearly must be given consideration.

For British readers it is perhaps unfortunate that most of the author's clinical and literary material is drawn from American and Central European sources. Although the fundamental psychological pattern is the same, in a book which deals with wide sociological problems some translation to the British cultural level and way of living

is necessary before the results can be fully assessed or accepted. It would, for example, be of value to adapt Dr. Deutsch's views to the more widespread practice of domiciliary midwifery which occurs in this country.

The author's style is not always very lucid and this is not an easy book to read; it is essentially a book for those with a considerable "background" of psychopathology. Nevertheless it is a valuable contribution to the psychological understanding of this problem. Its value is that of a thesis which stimulates thought, rather than as a reference book. It is to be hoped that the additional volumes on abnormal psychological reactions, promised in the preface, will not be long delayed.

T.A.R.

The Description and Measurement of Personality. By Raymond B. Cattell. New York: World Book Company. 1946. London: Geo. Harrap & Co. Pp. xx+602. Price 15s.

Dr. Cattell explains that his book is the first of two volumes. Fifteen years ago, so he tells us in his preface, he left an academic laboratory to take charge of a psychological clinic where there was "an embarrassing abundance of research material mainly handled by overworked medical men untrained in research methods". He then planned a book on "the empirical study of personality", which was to embody "quite militantly a truly scientific approach, and make a definite break with the majority of writings having intuitive foundations such as then commanded the field in the clinical study of personality". He began with what he calls the cross-sectional approach; and, as time went on, this has expanded into the present volume. But this is to be regarded partly as a preliminary to an equally systematic account of the "development of personality", which will form the topic of a later volume.

Dr. Cattell's approach to the problems of personality is by means of psychometric measurement, with the data interpreted throughout by factor analysis. This, as Professor Terman points out in his introduction, "does not betoken a lack of interest in the other applications of psychology to life situations". Dr. Cattell certainly "inveighs against the blind application of clinical methods that have not been scientifically validated". But that is not because he wishes us to substitute a statistical for a clinical procedure, but because he wishes (in common with most academic psychologists) to bring the two together.

By "psychometric measurements" Dr. Cattell means very much more than mere test-measurements. He has one short but systematic chapter, summarizing the evidence for "traits discovered through objective test measurements". But in the main the assessments on which he chiefly relies have been based either on self-inventories or on ratings of actual behaviour. Some psychologists may feel, as Prof. Terman suggests, that Dr. Cattell is "putting his case a bit strongly when he says that the self-inventory represents the nadir of scientific inventiveness and subtlety", and dismisses the Rorschach test as "something analogous to a patent medicine". Nevertheless, in view of the recent revival of magnified claims for tests of temperament and personality, it is welcome to find a writer, like Dr. Cattell, tempering enthusiasm with scientific caution, and reminding us that tests of personality are still in a theoretical rather than a practical stage.

Perhaps the most interesting feature of his book lies in the large number of group factors, both on the intellectual and on the temperamental side, which the author

is led to accept. Earlier writers in this country, with first-hand experience of work with school children, have insisted from the outset on the need for group-factors to explain the special abilities and the special disabilities they encountered, as well as the wide divergences of temperamental types. Spearman, on the other hand, whose influence for a while ousted the methods of Karl Pearson and his followers in the sphere of statistical psychology, was so convinced of the supreme importance of the single general cognitive factor (which he preferred to call *g* rather than intelligence) that he spread over the whole notion of group factors the same shadow of doubt as had hung for so long over the notion of "faculties" and "temperaments".

To British workers Dr. Cattell's book will be invaluable because it compresses into a single volume an admirable summary of the numerous researches carried out on personality during recent years in America. Apart from slight differences of detail and nomenclature, their results seem in the main to corroborate the scheme of personality developed by earlier investigators on this side of the Atlantic. Thus Dr. Cattell's psychographic scheme (or, as he prefers to call it, "list of modality divisions and sub-divisions") agrees very closely with the scheme which was put forward in the pages of this Journal many years ago as a basis for child guidance work and has been freely adopted since. His own scheme, though slightly more elaborate, agrees in distinguishing between (1) abilities or cognitive traits, which he divides into those that are (a) inborn or native and those that are (b) acquired or achieved, and (2) temperamental and dynamic factors, which again he subdivides into (a) those that are innate and constitutional and (b) those which, like sentiments and complexes, are acquired.

His long and comprehensive survey leads him to enumerate something like 30 or 40 different factors. But these he eventually reduces to 12, which he considers to be manifested in all his data. Here again it is interesting to see that factors that were early distinguished in this country have reappeared in American investigations, though sometimes under slightly different names or with slightly different descriptions.

It is true that, as more than one reviewer has pointed out, Dr. Cattell's style is a little slapdash, and his terminology often cumbersome and forbidding. The names with which he baptizes some of his ultimate factors, though perhaps suggestive, are scarcely elegant or succinct; and the classical purist will assuredly protest against such hybrid neologisms as "metanergs", "ipsative", "monovariate", and "subsidiation". Nevertheless, as a conspectus of factorial studies, his volumes will prove a mine of information for the practical research worker, and will yield a stimulating and at times a provoking study for the psychological theorist. C.B.

Psychopathology. By J. E. Nicole, L.M.S.S.A., D.P.M., M.R.C.S. Baillière, Tindall & Cox. 15s.

The fourth edition of Dr. Nicole's book contains, as he says, only a few additions and corrections to the third; but it is none the less welcome as a comprehensive and readable introduction to the various schools of psychopathology; it also serves as an excellent reference book, and a useful guide to more detailed reading.

The account of the applications of psychotherapy to medicine, education and industry should be of special interest to those eagerly seeking guidance on such subjects. The section dealing with social problems of war is less likely to reach the eyes of those who control our destiny, who seldom seek guidance from what

appears to be a purely medical textbook. It is indeed not the account of psychopathological views which seem to be needed here but the power to get these ideas directly or indirectly (by public opinion) into the minds of governments and so into action.

The accounts of the work and theories of the major schools is most clear and concise, and does not neglect to include also the work of Rivers, Watson and Kempf. The contributions of endocrinology, biochemistry and physiology are discussed, and the work of Malinowski and Mead in sociology and ethnology is given its deserved place.

Dr. Nicole has, however, restrained the temptation to be too detailed, thinking rightly that the value of his book lies mostly in providing a guide to the many modern approaches rather than a textbook of any one of them. In this, he has amply succeeded.

R.F.T.

The Psycho-Analytical Approach to Juvenile Delinquency. By Kate Friedlander, M.D., D.P.M. Kegan Paul, Trench, Trubner & Co. London. 18s.

The scope of this book is much wider than its title might suggest. To quote from the author's preface and introduction it is:

"an attempt to show which problems in the vast field of research in delinquency can be solved by psycho-analysis; and in what way sociological and criminological research workers can make use of psycho-analytical findings in order to further their own investigations".

And again:

"The scientific facts which have brought about the change in method embodied in the Criminal Justice Bill of 1939 must be brought repeatedly to public notice, until they become directly known to every person who is concerned directly or indirectly with the treatment especially of young offenders."

Reviewed in this light, this book is a valuable addition to the propaganda literature for the scientific treatment of juvenile delinquency. It is intended especially for those workers with delinquents who have no special psychiatric training or experience and therefore, rightly, it contains little that will be new to the experienced psychiatric worker in this field.

The book is divided into three parts, of which the third is by far the best.

The first part contains a clear concise description, on very orthodox Freudian lines, of normal mental mechanisms in child development. Condensed as this is into a space of 62 pages, it of necessity contains a number of dogmatic statements which, though acceptable to the psychiatrically trained, may well be strongly resisted by the elementary student. On the whole, however, the reasons and explanations are adequately and clearly given. It is the second part of the book which is the least convincing and satisfactory. This section deals with the failure of social adaptation and contains much of the case material described. It is here that the difficulties of simplification and brevity show themselves; because so much has to be omitted, some of the case material does not read convincingly and the inexperienced reader for whom the book is meant may be left wondering if the obvious conscious motivation may not be more correct than the true motivation brought to light by analysis. Of special interest in this section is Dr. Friedlander's insistence on the close relationship of, and narrow borderlines between,

normal sexual activity and pathological sexuality. Anything which helps to modify the emotionally fixed attitude of the general public towards this problem is of value. Treatment is dealt with in the final section of the book, and here the approach is broad and very sound. The psychological background to punitive measures, the sociological and environmental approach, probation, institutional care and psychiatric treatment are all considered both individually and in their much more important mutual relationships. The author does not shirk the difficulties inherent in the psycho-analytical treatment of delinquents and few will quarrel with the limitations which she places on it or the value she attributes to it in suitable and selected cases. Those with experience amongst adult chronic offenders may feel that Dr. Friedlander has understressed the problem of the psychopathic delinquent, and the value of a psycho-analytical technique (as such) in children of 7 to 10 years may be questioned. In general, however, her suggestions as to selection of suitable material will meet with full approval.

There are a number of minor errors in this book including a bad mis-spelling of "Pentothal" and a somewhat confusing use of "encephalography". The text is inset with descriptive sub-headings which make for easy reference and there is an adequate, though rather technically over-weighted, bibliography.

This book should prove a valuable introduction for probation officers, social workers and others who are genuinely interested in learning the psychological background of their work, whilst its final insistence on a balanced sound approach to the problem of delinquency would be of value to the magistrate and legislator.

T.A.R.

Psychological Disorders in Flying Personnel of the Royal Air Force. H.M. Stationery Office. Price 7s. 6d. net.

This publication consists of a series of reports written mostly by Air Vice-Marshal Sir C. S. Symonds and Wing-Commander D. J. Williams, separately or together, with a few by Squadron-Leader D. D. Reid, together with critical evaluations by Professor A. Bradford Hill and Wing-Commander Williams on the reliability of psychiatric opinion. The wealth of material presented is enormous; the painstaking collection of evidence, and the judgment with which conclusions are drawn will ensure that it remains as a most valuable source of reference for aviation medicine for many years. Moreover, the dating of the various reports in itself provides an interesting review of the development of psychiatric interest and judgment in the course of the war (e.g. fear) which can be compared with the critical review of previous literature provided.

The corresponding disadvantage that there is some repetition and some tediousness in reading is perhaps inevitable. Nevertheless, there is an excellent index. While some of the sections are of rather limited interest, others, in particular the description of the early signs of breakdown and the report on the value of personality traits in assessing the likelihood of psychiatric disorders, contain valuable lessons for all.

While the objectivity of the findings is to be admired, it is in some ways disappointing that the writers have not given us an epilogue containing their own present opinion, however speculative, on the various topics referred to here and there. The effect of praise, of decorations, of cancellations of sorties, and the relations to other services, are all problems which will have to be met in any future service.

R.F.T.

A Way of Life for the Handicapped Child. By Eirene Collis. Faber & Faber. 10s. 6d.

Mrs. Collis's book is notable as the first publication in this country devoted expressly to the problem of habilitating children suffering from Cerebral Palsy. Amidst an increasing general interest in problems concerning the handicapped, the attention which Cerebral Palsy is beginning to claim is in a great measure a result of the persistence with which Mrs. Collis has pursued, the work on which her book is based. In the past, the paucity of literature and the brevity of references when found has tended to stultify rather than stimulate interest in this subject. Now, however, that interest has been aroused, there is a demand for something other than vague statement, and this all too short volume comes at a good time.

Mrs. Collis has written primarily from the kinesiological point of view, since her speciality is on that side. Nevertheless, the underlying and express emphasis is throughout on the necessity for keeping in mind the ultimate aim of treatment, viz., to enable a child to be as normally active, both mentally and physically, as possible. To quote the author:

"Everything that one has learned from life is useful in training the child with Cerebral Palsy. The more he is regarded as a whole and trained with a critical eye for the function of the part, the more successful will the training be."

To achieve this aim, it is obvious, as is continually stressed in this book, that successful therapy depends on a sound differential diagnosis. Emphasis on the necessity for carrying out detailed functional and joint examinations not only after the preliminary classification into one or other of the five main groups has been made, but also from time to time as treatment proceeds, underlines a fundamental principle of the new approach to the Cerebral Palsy problem.

The sixteen chapters touch topics covering a wide field and include reference to some psychological factors, the aetiology of the main Cerebral Palsy types, kinesiological and motor re-education methods, appropriate occupational and speech therapy, and general care.

There is a brief, but useful illustrated chapter on mechanical aids and equipment; a list of routine exercises; a short chapter on recording and a tabulation of procedures in muscle and joint motion examinations.

Despite her enthusiasm, Mrs. Collis does not lose sight of two important factors that must be borne in mind. First, that the ultimate success of any training depends on the mentality of the patient. Provided this is potentially good, he may be trained in spite of even a severe degree of physical handicap, while, where inferior intelligence is coupled with even a comparatively mild physical handicap, much time can be wasted to little good purpose. Secondly, even when astonishing success may ultimately follow treatment given along the lines of the new approach described, such success does not come suddenly, but only after patient and persistent effort, as much on the part of the patient as of the therapist.

There are parts of the book which will almost certainly present difficulty to the average reader. Such people should, however, obtain sufficient help from the explanation of technical terms, given in the glossary which is appended, to read the book with understanding and considerable profit. The addition of a bibliography is a welcome guide to further reading.

M.I.D.

The Case of Rudolf Hess. Edited by J. R. Rees, M.D., F.R.C.P. William Heinemann. 12s. 6d.

This book gives a most detailed account of the behaviour and mental outlook of Rudolf Hess from the time of his arrival in England until the end of the Nuremberg trial. Written, as it is, by the several psychiatrists who attended him, it naturally contains a full record of the symptoms which made him one of the most talked of personalities of the war; and it provides a convincing exposition of his abnormalities. But although it gives an excellent psychological case-study, the bulk of it is written in terms which will also hold the interest of the layman. Its style is lucid, light and enlivened by flashes of humour. It is illustrated by several excellent photographs which themselves throw much light on Hess's mentality.

Apart from psychopathology, most interest will lie in the side lights of the other Nazi leaders given by the account of the Nuremberg trial. Even now we are still surprised at their own eccentricities. It is noteworthy that their reactions to Hess's behaviour were one of the strongest arguments to counter the theory which was at one time fashionable, that Hess had hoaxed the psychiatrists—an opinion whose death-knell is sounded by this book.

We cordially recommend it to all our readers, lay and medical, whose interest still remains either in the personality of Hess, or in the society in which such a character could achieve the prominence which he reached.

R.F.T.

The School Psychologist. By F. S. Livie-Noble. Duckworth. 8s. 6d.

The appearance of a book called *The School Psychologist* is of great interest to everyone engaged in educational or psychological work. There is a growing appreciation of psychological work in schools on the part of those to whom a service is available, yet until now no one has written at length about the psychologist's work.

The book is however, exceedingly disappointing. There is in it a mixture of elementary text book knowledge and a personal account of Mr. Livie-Noble's own work, which is by no means typical and which cannot, and many psychologists will think should not, become a pattern for the future.

Mr. Livie-Noble himself points out that the work of Psychologists in Public Schools (his own field) should not be compared too closely with that of the Psychologist to a Local Education Authority. He envisages a consultant who is also a Psychotherapist. He would invest in one person the whole variety of work involved in educational and vocational guidance as well as requiring him to be a Psychotherapist. He outlines a training course which unless it is to be superficially covered is beyond the reach of most people and yet, at the same time, is an inadequate preparation for therapeutic work.

The book attempts far too much. It suggests a somewhat forced gathering together of any information relevant to psychological disturbance in childhood, adolescence and after, and includes sections on normal development of personality. This is, of necessity (in some 250 pages), all presented without much cohesion and with little application, but a personal viewpoint colours the whole. One cannot help feeling that the book would have been more useful if it had kept within the scope of its title and contained a clear statement and discussion of the Psychologist's role in educational guidance in the widest meaning of that term.

G.R.

War, Sadism and Pacifism: Further Essays on Group Psychology and War. By Edward Glover, M.D. George Allen and Unwin. 9s. 6d.

The original essays under this title, first published in 1933, now form only a small part of this book: three sets of further essays, written between 1938 and 1945, have been added, in which Dr. Glover has elaborated his earlier contentions and answered his critics. He has also adduced more evidence from the study of psychological disorders in the past war.

His argument is, of course, primarily that the underlying causes of war are at base psychological, that their study should be on psychoanalytic lines; and that their removal depends on the earlier sublimation of aggressive instincts and the full understanding of the strength of the masochistic impulse.

He points out the inherent weaknesses of the present situation where war can depend on the (not necessarily stable) personalities of leaders—dictatorial or democratic—who have at least one common factor—a past history of a fight for power. He is exhaustive in his tabulated suggestions for research and prevention of war mindedness. He is remarkably restrained in his answers to criticism and indeed it is to be hoped that his mildness will not lead his opponents to under-estimate the reasoned force of his thesis, for it is a matter of life and death, or as he puts it: "The atomic bomb is a triumph for the Death Instinct and it remains to be seen whether the Life Instinct can stage an effective comeback."

This book should command interest from a far wider circle than the original essays: and its readers need not be analysts to see the force of Dr. Glover's arguments, or to adopt his suggestions for a constructive and consistent approach to the abolition of war.

R.F.T.

The Foster Home and the Boarded Out Child. By D. M. Dyson. Allen & Unwin. 6s.

The Report of the "Curtis Committee" and the publicity which preceded its setting-up have focused attention on the care of children deprived of normal home life. This book is a discussion of one method of caring for such children—by boarding out in foster homes under the supervision of a responsible authority. Miss Dyson presents the advantages of this method of care and discusses how best to carry it out in terms of the type of children suited for it and the type of homes able to offer it. The special difficulties that beset the foster child and foster parent are discussed as well as the responsibilities of the supervisor.

Laws for child protection may be good or bad, extensive or totally inadequate, but at best they can only provide a framework for those who are working for the homeless child. Although in this book the legal position is described in outline, its main purpose is to consider foster home care in terms of the personal relationships involved—those of child to foster parents, and foster parents to foster child, and of supervisor to foster home. The adequate investigation of prospective foster homes is stressed, and in particular the value of outside references and the importance of not relying only on personal observation, but the supervisor must never be regarded as an inspector, with the duty of enforcing certain standards; she is always a co-worker who shares her skill, wisdom and experience with those who have the day to day care of the child. This skill and wisdom must of course be acquired and the need for training in addition to the possession of suitable personal qualities is implied throughout, though not discussed in detail.

Miss Dyson writes from a wide knowledge of social

work and in particular from her recent experiences as Chief Executive Officer of Boarding Out, Dr. Barnardo's Homes. Her purpose is not to provide a text book for the trainee or social science student, or even to discuss some of the deeper implications of her subject, but she describes in a simple and straightforward way how an important piece of social work can be carried out with advantage to the child and to the community, given goodwill and understanding by those taking part.

K.E.

The Social and Legal Aspects of Sexual Abnormality.
By Edward Glover, M.D. Published by the Institute for the Scientific Treatment of Delinquency, 8 Bourdon Street, London, W.1. 1s.

This is a closely written pamphlet describing various sexual abnormalities as seen from the psycho-analytic angle and, as might be expected from its author, is a most readable and lively discussion of the development of these conditions, and of their need for sympathetic and skilled treatment. Dr. Glover illustrates clearly the chain of misfortune which results from the common

reaction of severity, and prejudiced abuse, and further emphasizes his point that "every sexual offender, without exception, should be psychologically examined and given the opportunity of receiving psychological treatment".

It will be of value to any of our readers seeking an advocate to put this viewpoint to the unconverted, whose conscious prejudice and unconscious reactions Dr. Glover sadly describes, noting that medical practitioners are still less objective than their legal counterparts.

R.F.T.

L.C.C. Handbook of Mental Health Social Work.

In our review of this Handbook published in our last issue, it has been pointed out that the statement that no reference was made to the role of the psychiatric social worker in a Child Guidance Service, is an erroneous one. In point of fact, this subject is dealt with on pp. 85 to 87 of the book.

On behalf of the reviewer we offer our apologies to the L.C.C. Departmental Committee on Mental Health Social Work for the false impression given by this statement.

Film Reviews*

The Locket.

Although unreal and not touching the experience of anyone in the audience, the film was entertaining to watch and made a good story. Perhaps because it was less pretentious than *Spellbound* (which had a special preamble on psychiatry and billed a psychiatric adviser), the improbabilities did not spoil the enjoyment of the film. Some of the photography was excellent; scenes in the artist's attic studio and in the bombed house in London and the picture of Cassandra which kept appearing as a kind of motif were most effective. But the usual sequences of the house-party in the stately English home of one of the nobility brought down the level of this part of the picture. Wealth in the cinema has become monotonous.

With one's present (admittedly low) standards of the film psychiatrist, one judges Dr. Blair as one of the better characters. Cyril Ray (*Sunday Times*, June 29th, 1947) has described the film psychiatrist as "greying at the temples and speaking with a foreign accent", but Dr. Blair does neither. The theme of the picture is of an attractive girl who steals jewellery and commits other crimes and is unaware—or almost unaware—of it afterwards. Many men love her and the life of each is wrecked by her actions. Each tries to warn the next but in vain, and it is a dramatic moment as each sees the other about to make his mistakes and is unable to do anything. Cleverly shown, too, is the seed of suspicion that is sown, not strong enough to cause the lover to take any action, but present all the time as an unacknowledged worry at the back of his mind. When it is the psychiatrist who is the husband of this woman, the artist who is trying to warn him finds himself checked at every turn by the other's profession. The psychiatrist can only treat him as a patient and even when the man in fury cries, "Now you are being professional again", that seems the only relation possible between them.

Still the scene is credible, for the artist was neurotic and the psychiatrist says with reason that he himself cannot see with detachment any situation involving his wife. One might perhaps have expected him to have been a little more aware of his wife's mental state; one certainly would have expected the doctors in the mental hospital to sum up the situation better. But once again the lady is believed and the statements of the psychiatrist, now a patient with a nervous breakdown, are attributed to his mental state.

An enjoyable film, but not one to add one jot to the understanding of the psychiatrist's job or to introduce him as an ordinary human being. Both in *The Locket* and in *Spellbound*, the psychiatrists only become human when they fail as psychiatrists.

P.W.

Dishonoured Lady.

This is a very moral story of a lady who has lived a dissipated life, found it unsatisfactory, attempted to reform with the help of a psychiatrist and after a serious setback found happiness at last with the right man. The story is a feeble one and the characters wooden, particularly that of the "right man", and as in a similar film, *The Brennan Girl*, the path of goodness seems unnecessarily hard—all evenings spent alone at home working, no parties, no entertainments; and her home, a plain room in a lodging house, is such a contrast to her former life. Then, one of her lovers had said, "I am a very rich man and I know all the drawbacks of wealth and"—in a dangerous voice—"all its pleasures", and nothing in the film is lacking to show us that wealth. A break with the past and its associates was clearly indicated but it was difficult to see how the lady would stay such a rigorous course after such luxury.

But though the film as a whole is not very entertaining and not at all moving, the part of the psychiatrist

* See page 47.

seemed to be better than in many other films, and I think that perhaps the public might learn something of psychiatry from the scenes where he gives advice to the Dishonoured Lady. He had, of course, the consciousness of omniscience that is inseparable from the film psychiatrist and there are moments when one would like to see him take a fall, for instance when told, "You will be surprised to hear that Dr. Cousins is in your consulting room", he smiles knowingly and replies, "Not at all". One shares too the exasperation of the ex-lover who says, "And how does it feel to play the part of God like this?" and receives the answer,

"I am used to it!" But these are minor points. The psychiatrist is shown as a wise and conscientious man and some of the advice he gives is surprisingly foreign to the accepted cinema sequence. When a good man's love seems to be the solution to the lady's problems he is unimpressed and tells her that security must be found in herself, not in another's love—surely a statement to shake the cinema world.

Although this is an unimportant film I think it possible that the audience gained some understanding of the ills of the mind that had driven a woman to lead such an unsatisfactory life.

P.W.

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- *THE FOSTER HOME AND THE BOARDED OUT CHILD. By D. M. Dyson. Preface by S. Clement-Brown. Allen & Unwin. 6s.
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- HUMAN PROBLEMS IN INDUSTRY. By Norah M. Davis. Nicholson & Watson. 6s.

Pamphlets and Reports

- NATIONAL HEALTH SERVICE ACT, 1946. Mental Health Services to be provided by Local Health Authorities. Ministry of Health Circular, No. 100/47. H.M. Stationery Office. 2d.
- NATIONAL HEALTH SERVICE ACT, 1946. National Health Service (Mental Deficiency) Amendment Regulations, June 30th, 1947. Statutory Rules and Orders. No. 1359. H. M. Stationery Office. 1d.
- MEDICAL RESEARCH COUNCIL. Report on Incidence of Neurosis among Factory Workers. By Russell Fraser. H.M. Stationery Office. 1s. 3d.
- MINISTRY OF LABOUR. Memorandum on the Exercise by Local Education Authorities of their Power to provide a Juvenile Employment Service. H.M. Stationery Office. 4d.
- MINISTRY OF HEALTH. Report for Year ended March, 1946. H.M. Stationery Office. 3s. 6d.
- ASSISTANCE BOARD. Report for Year ending 31st December, 1946. H.M. Stationery Office. 9d.
- STANDEN FARM APPROVED SCHOOL. Report of Committee of Inquiry. H.M. Stationery Office. 9d.
- REPORT ON SALARIES AND CONDITIONS OF WORK OF SOCIAL WORKERS. National Council of Social Service, 26 Bedford Square, W.C.1. 2s. 6d.
- REPORT ON EMPLOYMENT AND TRAINING OF SOCIAL WORKERS. By Eileen L. Younghusband. Carnegie United Kingdom Trust.
- IN LOCO PARENTIS. A Report prepared by a Committee under Chairmanship of His Honour Judge Gammon on existing legislation governing Adoption of Children. National Council of Social Service, 26 Bedford Square, London, W.C.1. 1s. 6d.
- IF YOUR CHILD IS DEAF. By A. W. G. and Irene B. Ewing. Deaf Children's Society, 105 Gower Street, London, W.C.1. Postage only.
- THE SOCIAL AND LEGAL ASPECTS OF SEXUAL ABNORMALITY. By Edward Glover, M.D. Institute for Scientific Treatment of Delinquency, 8 Bourdon Street, London, W.1. 1s.
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